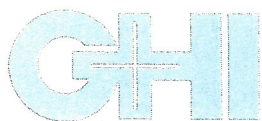


CBP

HIP/HMO



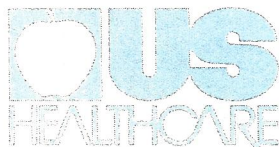
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HIP CHOICE



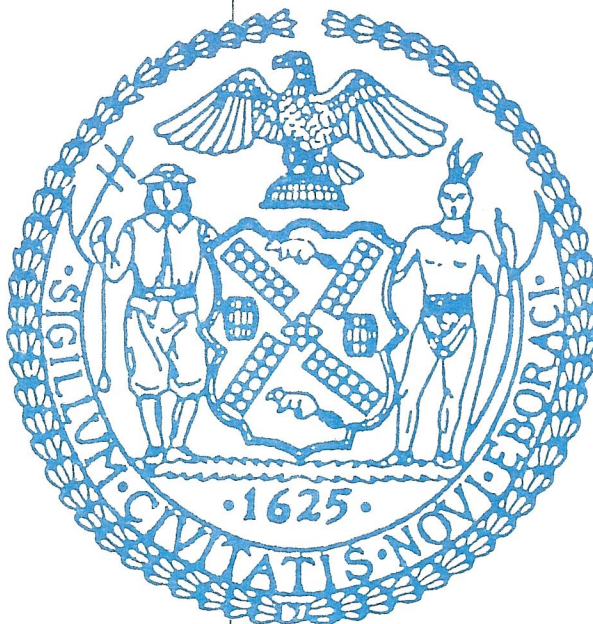
HEALTHNET

Maxicare



NEW YORK CITY EMPLOYEE BENEFITS PROGRAM

SUMMARY PROGRAM DESCRIPTION



YOUR CHOICE OF HEALTH PLANS, TRANSFER PERIOD AND ENROLLMENT INFORMATION

The City of New York
Office of Municipal Labor Relations
Employee Benefits Program

FALL 1986



THE CITY OF NEW YORK
OFFICE OF THE MAYOR
NEW YORK, N.Y. 10007

September 1986

Dear Fellow City Employee:

The cost of obtaining medical care has continued to increase dramatically. The City realizes the adverse impact that these higher costs have on its employees, retirees and their families, and we are committed to providing high quality health care. Therefore, in concert with the Municipal Unions, the City has initiated major improvements in the Employee Benefits Program.

We are now offering you an enhanced program of health protection. Benefits have been improved under the HIP, GHI, Med-Team and Med-Plan programs. New programs -- Blue Cross HEALTHNET, HIP CHOICE, Metropolitan Health Plan, Maxicare, Mid-Hudson Health Plan, and US Healthcare -- are being introduced, in addition to two additional Med-Team sites. Nearly all of these plans are designed to pay in full most covered medical expenses when you use participating medical groups and health care providers.

Whatever plan you choose, most, if not all, of the cost for the basic plan is paid by the City of New York. If you wish additional benefits, an optional benefits rider can be purchased.

The information contained in this booklet describes the benefits available under each plan and provides important details concerning enrollment, eligibility and other general information regarding your benefits program. Please take the time to read this information carefully; it will allow you to make an intelligent decision as to which City health insurance plan best meets your needs.

I wish you and your family years of good health.

Sincerely,

A handwritten signature in dark ink, appearing to read "Ed Koch", written over the printed name.

Edward I. Koch
MAYOR

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GENERAL INFORMATION

The City of New York is proud to offer a comprehensive and complete program of health benefits to its employees, retirees and their dependents. Through collective bargaining agreements, the City and the Municipal Unions have cooperated in the design of the benefit packages available to you. Effective January 1, 1987 additional plan choices will be available and are described in detail in this booklet along with the current plan choices.

The City's Employee Benefits Program provides health benefits to approximately one million lives and has annual premiums over \$500 million—making New York City the largest purchaser of employee health services in the Greater New York area. Administered by the Mayor's Office of Municipal Labor Relations, the Employee Benefits Program continues to receive a strong mayoral commitment to provide the finest available health care coverage.

This booklet is designed to provide you with information that will allow you to make a decision as to which program will best meet your needs. Employees and retirees may choose from the following plans:

1. The Health Insurance Plan of Greater New York/Health Maintenance Organization (HIP/HMO)
2. Group Health Incorporated—Comprehensive Benefits Plan/Blue Cross (GHI-CBP/Blue Cross)
3. Group Health Incorporated—Type C/Blue Cross (GHI Type C/Blue Cross)
4. Med-Plan (New transfers must be HHC employees or non-Medicare eligible retirees)
5. Med-Team (DC 37 members only)
6. Blue Cross HEALTHNET
7. Maxicare
8. US Healthcare
9. HIP-CHOICE
10. Mid-Hudson Health Plan (Non-Medicare eligibles only)
11. Metropolitan Health Plan (HHC employees and non-Medicare eligible retirees)

Under the City's health insurance program the full cost of the basic plan for GHI Type C/Blue Cross, GHI-CBP/Blue Cross, HIP/HMO, Med-Plan and Med-Team requires no member contribution. Five of the six new plans being offered this year have payroll deductions for the basic plan (please consult this guide for the exact amount). If you wish, additional benefits may be obtained through optional benefit riders which are purchased through payroll deductions.

We urge you to read this book carefully and choose your benefits wisely. Unnecessary use of health insurance could lead to future limitations of benefits due to rising costs.

Additional copies of this booklet are available through your personnel or payroll office.

It is our hope that you and your family will enjoy excellent health and have little reason to use the services available through these programs. Should the need arise, however, you may be assured that the City of New York Employee Benefits Program will be there to meet your needs.

HEALTH INSURANCE TRANSFER PERIOD

The 1986 Health Insurance Transfer Period begins September 29, 1986 and ends October 24, 1986.

During this period employees and retirees have the opportunity to transfer from their present health insurance coverage into any other City health plan or add optional benefits rider coverage to their present plan. Active employees may change their health plans annually, during the transfer period. Retirees participate in the employee transfer period in even-numbered years. Retirees may also transfer once in their lifetime, at any time during the year, after they have been retired for at least one year.

Please review your plan benefits. If your current coverage does not meet your needs and those of your family, now is the time to change your plan. This Summary Program Description has been designed to help you compare the benefits of your present plan to the other plans for which you are eligible.

This Fall there are six new health plans being offered and there are significant changes in the current plans. These changes in the current plans are highlighted on page 2 of this booklet. Each of the plan options is described in a separate section of this booklet.

Some of the health plan choices are restricted to persons living in certain geographic areas, affiliated with certain unions, or to those who are employed by a particular agency. In addition, the choice of some of the plans will result in payroll or pension deductions for part of the cost of the coverage.

The benefits of a particular plan for retirees or their dependents who are covered by Medicare often differ from the benefits of that plan for active employees or those who are not eligible for Medicare. **RETIRES WHO ARE MEDICARE ELIGIBLE OR WHO HAVE DEPENDENTS ELIGIBLE FOR MEDICARE SHOULD READ THE SPECIAL SECTIONS WITHIN EACH HEALTH PLAN DESCRIPTION CONCERNING BENEFITS FOR THOSE ON MEDICARE AND STUDY THE CHART ON PAGES 26 AND 27 BEFORE COMPLETING AN APPLICATION TO CHANGE HEALTH PLANS.**

PROCEDURES FOR HEALTH PLAN CHANGES

Active Employees

In order to transfer from one plan to another or to add or delete optional benefits rider coverage you must complete a Health Insurance Authorization Form (EB 1800) which is available from your agency payroll or personnel office. This form must be completed and returned to your payroll or personnel office between September 29 and October 24, 1986.

All changes made by active employees will become effective on the first day of the first payroll period in 1987. Once you submit an Authorization Form (EB 1800), the transfer period is over for you and your transfer is irrevocable.

Retirees

Retirees who receive City pension checks and wish to change their choice of health plan may request a Membership Application (Form P2) for this purpose by returning the postcard on the last page of this booklet to the Employee Benefits Program. All requests for forms received before October 24, 1986 will be honored and the transfers processed when the completed forms are received by the Employee Benefits Program.

Retirees of cultural institutions, libraries or the Fashion Institute of Technology, and retirees who receive TIAA/CREF pensions who wish to transfer should contact their former employer for a Health Insurance Authorization Form (EB 1800). This form should be completed and returned to your former employer for processing.

All changes made by retirees will become effective January 1, 1987.

RECENT BENEFIT CHANGES

The City and the Municipal Unions have recently agreed to several changes in the existing City health plans. These changes include benefit enhancements and a new managed care system to be incor-

porated into the GHI-CBP/Blue Cross and GHI Type C/Blue Cross plans in 1987. Outlined below is a summary of the changes.

—HIP/HMO, Med-Plan, and Med-Team Coverage of Full-time Students

Unmarried dependent children between the ages of 19 and 23 who are full-time students are now eligible to be covered on their parents' City HIP/HMO, Med-Plan, or Med-Team contract at no additional cost to the City employee or retiree.

—GHI-CBP Program Changes Effective July 1, 1986

(These changes apply to active employees, and to retirees not covered by Medicare.)

—The Schedule of Allowances paid to GHI-CBP participating doctors has been increased substantially. This does not have an effect upon the subscriber's out-of-pocket expenses. The increased Schedule of Allowances will serve to maintain and expand the number of physicians who participate in the panel. The increases in the schedule are concentrated in the areas of surgery, obstetrical care and anesthesiology.

—As a result of the increases in payments made to participating providers there are over 250 new GHI participating anesthesiologists practicing in over 60 hospitals. Services provided by participating anesthesiologists are paid in full. There are no out-of-pocket expenses for the subscriber.

—The \$5 co-payment for office visits now applies to initial office visits as well as follow-up and routine office visits.

—Major Medical allowances for the services of non-participating providers have been increased by approximately 14.5%. These changes result in subscribers having less out-of-pocket expense. There are significant increases in allowances for surgery (15%), anesthesia (50%) and obstetrical care (30%). Allowances for office visits have also been increased.

—The new GHI-CBP Schedule of Surgical Allowances will be published. Agency health insurance representatives will have copies of the complete schedule in their offices for employees' reference and all GHI-CBP enrollees will receive from GHI an excerpt from the Schedule containing the 50 most common surgical procedures. The schedule will represent the minimum, and in most cases, the absolute amount GHI will reimburse for a particular service. The Schedule will eliminate much of the uncertainty subscribers have experienced in the past concerning reimbursement for services by non-participating doctors.

NYC HEALTHLINE PROGRAM (For active employees and retirees not covered by Medicare who live in the Greater New York Area)

On or after December 1, 1986 the NYC Healthline Program will become part of the benefit program for GHI-CBP/Blue Cross and GHI Type C/Blue Cross subscribers. GHI-CBP or GHI Type C patients scheduled for hospitalization or for surgery in or out of the hospital must telephone NYC Healthline prior to hospital admission or out-patient surgical procedure. NYC Healthline will help you to learn more about your health and to take charge of your own care. It will help you and your physician select treatment options which are best for you and refer you for a second surgical opinion if necessary. Similar programs will be included in many of the new health insurance options. Detailed information will be sent to all affected members and their agency health insurance representatives prior to the program's effective date.

Important Reminder:

Until the NYC Healthline Program is implemented, GHI-CBP/Blue Cross and GHI Type C/Blue Cross enrollees are still **required** to obtain a second surgical opinion through Blue Cross for the following elective surgical procedures: Nose Surgery, Coronary Bypass Surgery, Hemorrhoidectomy, Varicose Vein procedures, Cataract Surgery, Tonsillectomy and/or Adenoidectomy, Breast Surgery, Gall Bladder Surgery for Stones, Hysterectomy, Prostatectomy, Back Surgery, Hip Replacement, Knee Surgery, or Foot Surgery. **IF YOU DO NOT OBTAIN THIS OPINION THROUGH THE BLUE CROSS PROGRAM FOR SECOND OPINION ON SURGERY (PSOS) OR DC-37 (IF YOU ARE A MEMBER), YOUR FULL HEALTH INSURANCE BENEFITS WILL BE REDUCED. TO ARRANGE FOR A SECOND OPINION CALL PSOS AT (212) 481-2658 or DC-37 at (212) 815-1350.**

ENROLLMENT INFORMATION

ACTIVE EMPLOYEES

Enrollment

If you are an active employee, you may enroll in the City Employee Health Benefits Program if:

- a) You work—on a regular schedule—for at least 20 hours per week; and
- b) Your appointment is expected to last for more than six months.

How To Enroll

To enroll, you must obtain and file a Health Insurance Authorization Form (EB 1800) at your payroll or personnel office. The form should be filed within 31 days of your appointment date. If you do not file the form on time, the start of your coverage will be delayed and you may be subject to loss of benefits.

Dependents Eligible for Enrollment

- Husband and Wife.
- Unmarried children under age 19. The term "children" includes any legally adopted child, any stepchild who resides in your household and any child supported by you or your spouse who permanently resides in your household.
- Unmarried dependent children—age 19 to 23—who are full-time students. This applies to all plans except Blue Cross hospitalization which is available as part of the optional rider through GHI-CBP.
- Unmarried children age 19 and over who cannot support themselves because of mental illness, developmental disability, mental retardation, or physical handicap are eligible for coverage if disability occurred before the 19th birthday. You must provide medical evidence of disability. Contact the health carriers or your agency personnel or payroll office for the forms which must be completed for continuation of coverage.

When Coverage Begins

- a) For Provisional employees, Temporary employees, and those Non-Competitive employees for whom there is no experience or education requirement, your coverage begins on the first day of the pay period following the completion of 90 days of continuous employment, provided that your Authorization Form (EB 1800) has been submitted within that period.
- b) For all other employees, your coverage begins on your appointment date, provided that your Authorization Form (EB 1800) has been received by your agency personnel or payroll office within 31 days of that date.
- c) Coverage for eligible dependents listed on your Authorization Form (EB 1800) will begin on the day that you become insured.

RETIREES

Enrollment

You are eligible for health insurance coverage for yourself and your eligible dependents when you retire if:

- a) You have five years of credited service as a member of a pension system. (This requirement does not apply if you retire because of accident disability); and
- b) You have been employed by the City (or City-related agency) or the Board of Education prior to retirement and have worked regularly for at least 20 hours per week; and
- c) You receive a pension check from a retirement system maintained by the City.

You must file a Health Insurance Authorization or Membership Application Form at your payroll or personnel office prior to retirement to continue your coverage into retirement.

After retirement you must obtain a Membership Application Form from the Employee Benefits Program. Complete the form and file it with the Employee Benefits Program.

DOUBLE CITY COVERAGE IS NOT PERMITTED

You cannot be covered by two health insurance contracts for which the City pays or to which the City contributes.

If you are eligible for coverage as an employee or retiree and as a dependent (of another City employee or retiree), you may enroll as an employee or as a dependent, but not both. Eligible dependent children must all be enrolled as dependents of one parent.

If both husband and wife are eligible for City health insurance as either employees or retirees and one is enrolled as the dependent of the other, the person enrolled as a dependent may pick up coverage in his or her own name if the other contract is terminated for any reason.

WAIVER OF HEALTH INSURANCE BENEFITS

If you are already enrolled for City health insurance in any other capacity, for example as a dependent, or if you do not want City health insurance, you must waive your New York City health insurance benefits. Active employees must complete a "Waiver of New York City Health Insurance Benefits" (Form EB 1801). Retirees must complete the "Waiver" section of the Membership Application. **EVERY ELIGIBLE EMPLOYEE OR RETIREE MUST EITHER ENROLL FOR COVERAGE OR COMPLETE A WAIVER.**

HEALTH PLAN STATUS CHANGES AND OTHER PROVISIONS

Consult the Employee Benefits Program, General Information Booklet.

PROGRAM DESCRIPTION

Brief summaries of the benefits of each of the available health plans appear on the pages that follow. They are presented so that it is easy to compare the benefits of different plans.

This Summary Program Description is for informational purposes only. The benefits are subject to the terms, conditions and limitations of the applicable contracts and laws.

HOW TO GET MORE INFORMATION

Each of the health insurance carriers has included its telephone number in this booklet. They will be happy to answer any questions you may have concerning the benefits they offer.

Active employees may direct questions concerning benefits, enrollment, or paycheck deductions to their agency personnel or payroll office. Each agency has an individual designated to handle health insurance matters.

Retirees may contact the Employee Benefits Program directly with questions about or problems with their health insurance benefits or pension check deductions for health insurance. Retirees writing to the Employee Benefits Program should always include the following information in their letters: Social Security number, identification or certificate number, Medicare numbers, names and dates of birth of yourself and your spouse, your telephone number, pension number and pension system, the name of the City agency from which you retired, your last Civil Service title, the name of your union or welfare fund (if any) and the health code or the amount currently being deducted from your pension check. The address and telephone number of the Employee Benefits Program appear below:

City of New York
Employee Benefits Program
110 Church Street—12th Floor
New York, N.Y. 10007

Phone: (212) 618-8300, 8326, 8327.

Special 1986 Transfer Period Phone for Retirees:
(212) 732-4673

HIP/HMO

The Health Insurance Plan of Greater New York (HIP) was the first health plan of its kind in New York and is the largest Health Maintenance Organization (HMO) outside of California. HIP/HMO provides comprehensive hospitalization and medical benefits to over 900,000 New Yorkers, including over 350,000 City employees and their family members.

Medical care is provided by the more than 1000 selected doctors of HIP at over 50 multi-specialty and primary care centers located in the five boroughs of New York City, Nassau, Suffolk and Westchester counties and New Jersey.

Members of HIP/HMO, by using HIP services, have no doctor bills, no hospital bills and no claim forms. There are no coverage waiting periods and no limitations on medical visits. Hospitalization, too, is covered in full.

Members, upon joining, select a medical group, a medical center and a personal family physician for adults and a pediatrician for dependent children. These physicians have the responsibility for primary care and for referrals to other specialists affiliated with the medical group. A full range of one-stop medical services is then available, generally at the member's center, occasionally through referral elsewhere.

Visits to the medical center are by appointment. If an emergency arises when the centers are closed (evenings, weekends or holidays), calls are automatically transferred to the HIP/HMO centralized Emergency Service Program (ESP) where both physicians and nurses are available to give advice or referrals to a treatment center or a hospital emergency room, thereby providing round-the-clock access for urgent and emergency calls.

Emergency hospitalization and medical care are covered when a member is traveling, or so severely injured that authorization by HIP is not feasible. Also, at no cost to the subscriber, unmarried full-time student dependents up to age 23 are covered on a family contract.

HIP/HMO offers an optional rider which provides full coverage for prescription drugs at over 1700 participating pharmacies. The rider

also covers appliances provided through designated suppliers and private duty nursing (in hospital only) when prescribed by a HIP physician. If your welfare fund provides benefits similar to those listed in the rider, those specific benefits will be provided through your welfare fund and your payroll deductions will be reduced accordingly.

HIP SUPPLEMENTARY MEDICARE PROGRAM

If you are over age 65 and actively employed, HIP will provide primary coverage.

If you are Medicare eligible, the HIP Supplementary Medicare Program provides comprehensive medical and hospital benefits to City of New York retirees who are enrolled in Parts A and B of Medicare. Benefits are the same as described for HIP/HMO, with the following added benefits at no additional cost:

In-hospital private duty nursing when ordered by a HIP physician, psychiatric services for mental or nervous disorders, and prosthetic appliances.

Elective medical services (non-emergency) provided by non-HIP physicians are covered only by Medicare and are subject to Medicare deductibles, coinsurance payments and exclusions. HIP does not supplement Medicare coverage for such services. HIP Supplementary Medicare members may also choose full coverage of prescription drugs through an optional rider. The election of this benefit results in monthly pension deductions. For more information on the HIP Supplementary Medicare program see page 26.

COST

There is no payroll deduction for the basic HIP/HMO plan. The cost of the optional rider is noted on page 29.

For additional information, call 1-800-HIP-TALK. During the New York City Transfer Period, specially trained representatives will be available during the following periods: Monday to Thursday, 7:00 AM to 8:30 AM and 5:00 PM to 8:00 PM.

HIP/HMO

OUT-PATIENT CARE

PHYSICIANS' OFFICE VISITS
SURGERY—PHYSICIANS' OFFICE OR
HOSPITAL OUT-PATIENT
LABORATORY AND X-RAY SERVICES

Cost To You

*Covered in full
*Covered in full
*Covered in full

HOSPITAL CARE

SEMI-PRIVATE ROOM AND BOARD
PHYSICIANS' AND SURGEONS' SERVICES
GENERAL NURSING CARE
DRUGS AND MEDICATION
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)
INTENSIVE AND CORONARY CARE UNITS
USE OF OPERATING AND RECOVERY ROOM
ANESTHESIA

*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full

EMERGENCY CARE

AMBULANCE SERVICE

IN DOCTORS' OFFICES

HOSPITAL EMERGENCY ROOM
URGENT CARE FACILITY

Covered in full when authorized by HIP,
otherwise 100% of usual and customary charge
Covered in full when authorized by HIP,
otherwise 100% of usual and customary charge
Covered in full
Covered in full when authorized by HIP,
otherwise 100% of usual and customary charge

PREVENTIVE CARE

ROUTINE PHYSICAL CHECK-UP
ROUTINE PEDIATRIC (WELL-BABY) CARE
IMMUNIZATIONS
ROUTINE HEARING EXAMINATIONS
VISION CARE

*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full

MENTAL HEALTH CARE

OUTPATIENT DRUG ABUSE
 ALCOHOL ABUSE
 MENTAL HEALTH
INPATIENT DRUG ABUSE

ALCOHOL ABUSE

MENTAL HEALTH

*One psychiatric assessment visit per year at HIP
*Covered in full at HIP—60 visits per year
*One psychiatric assessment visit per year at HIP
*18 days detoxification per admission;
maximum 30 days per year
5 days detoxification per admission;
maximum 30 days per year
*30 days per year in a psychiatric section
of a general hospital

MATERNITY CARE

IN PHYSICIANS' OFFICES

PRE-NATAL AND POST-NATAL VISITS

IN THE HOSPITAL

PHYSICIANS' SERVICES—MOTHER AND NEWBORN

NEWBORN NURSERY SERVICES

MOTHER'S HOSPITAL SERVICES

*Covered in full

*Covered in full

*Covered in full

*Covered in full

HOME HEALTH CARE

HOME CARE SERVICES

HOSPICE CARE

*Covered in lieu of inpatient stay

*Covered 210 days

SKILLED NURSING FACILITY

**Covered in full when criteria are met

REHABILITATION

PHYSICAL

SPEECH

*Covered in full for first 30 days of each admission

*Covered in full for first 30 days of each admission

PHARMACY SERVICES

Available through optional rider

FULL-TIME STUDENTS

Covered to age 23

* When provided or authorized by a HIP/HMO Physician

**Authorized when care (1) follows a stay in the hospital, and (2) is in lieu of hospitalization

GHI-CBP/BLUE CROSS

GHI's Comprehensive Benefits Plan (GHI-CBP) allows subscribers the freedom to choose any physician or hospital worldwide. GHI provides two forms of coverage combined in one plan. Subscribers receive paid-in-full benefits when they choose care from one of GHI's participating physicians and other health care providers. GHI maintains a network of over 12,000 participating physicians in the New York metropolitan area and has many additional participating physicians and other health care providers throughout New York State and nationwide. All of these physicians and providers have agreed to accept GHI's allowances as payment in full. Covered services are paid directly to the provider. Home calls and office visits are subject to a \$5 co-pay charge. Benefits provided by GHI participating providers are not subject to deductibles, coinsurance, or maximums.

When you are unable to use the services of a participating provider, GHI also covers the services of non-participating providers. Payment for these services is made directly to you under the recently improved Major Medical Schedule. They are subject to yearly deductibles (\$100 per person, maximum \$300 per family); a calendar year maximum (\$100,000 per person); and a lifetime maximum (\$1 million per person). Payment is made at 80% of the Major Medical Schedule. After \$2,000 in coinsurance charges (reduced to \$250 if you have the optional rider), GHI reimburses you at 100% of the Major Medical Schedule. Coverage for professional private-duty nursing, equipment, appliances, oxygen and hospitalization coverage in excess of your Blue Cross coverage, is only available as a Major Medical benefit.

Effective July 1, 1986, payments to participating providers were increased especially in the areas of surgery, maternity, and anesthesiology. These increases have attracted additional physicians to participate in the CBP program. The Major Medical Schedule for non-participating providers was also increased significantly, effective July 1, 1986.

Hospital benefits are provided by Empire Blue Cross. Hospital benefits include, in addition to basic room and board in a semi-private room, reimbursement for the cost of administering blood transfusions and the payment of blood processing fees; up to 30 days of regular hospital benefits for mental and nervous disorders; coverage for substance abuse admissions for detoxification purposes; hospice care; emergency care; pre-surgical testing, out-patient alcoholism rehabilitation, and dialysis for kidney failure.

Currently, GHI-CBP enrollees, in order to maintain full benefits, have to obtain a second opinion for certain surgical procedures. Your 1987 GHI-CBP/Blue Cross health care benefits package will include a new feature called **NYC Healthline**. GHI patients scheduled for surgery or hospitalization must call NYC Healthline prior to an admission or out-patient surgical procedure. See page 2 for more detailed information on these important programs.

The GHI-CBP/Blue Cross program offers an optional rider for active employees and retirees under age 65 with these additional benefits: Prescription Drugs at 80% of reasonable and customary charges (subject to an annual \$100 deductible, \$300 per family); 365 Day Blue Cross Hospitalization; \$250 maximum co-payment after the Major Medical deductible has been met (reduced from \$2,000); alcoholism in-patient rehabilitation treatment and out-patient psychiatric care; Blue Cross coverage for unmarried full-time dependent students to age 23; and newborn well-baby care. If your welfare fund provides benefits similar to those listed in the rider, those specific benefits will be provided through your welfare fund and the payroll deduction will be reduced accordingly. Prescription drug coverage and 365-day Blue Cross hospitalization benefits are also available as an optional rider for Medicare eligible retirees.

GHI-CBP MEDICARE

If you are Medicare eligible and still actively employed, GHI-CBP will continue to be your primary plan and your benefits will be as already described. If you are Medicare eligible and retired, GHI-CBP supplements Medicare in the following manner for surgery and anesthesia, maternity care, in-hospital psychiatric care, specialist consultations (in-hospital), and shock therapy. GHI-CBP also covers prescription drugs, private-duty nursing, and hospital charges after your benefits have been exhausted in the optional benefits rider.

If the Medicare deductible has been met through any of the above services, GHI will reimburse you that deductible. GHI will also reimburse the 20% coinsurance not paid by Medicare for these services. GHI-CBP does not cover general medical care including home and

office visits, out-of-hospital consultations, radiation therapy, diagnostic X-rays, laboratory tests, ambulance service, equipment, appliances, oxygen, and preventive care. Empire Blue Cross and Blue Shield of Greater New York will fully supplement Medicare for in-hospital services. Blue Cross will pay the Medicare inpatient deductible and coinsurance in full until the 90th day of hospitalization and then will pay 50% of the cost for a hospital stay to the 201st day. If the optional rider is purchased, hospital stays are covered in full for 365 days.

For additional information on the GHI-CBP/Blue Cross Medicare Program, see page 26.

COST

There is no payroll deduction for the basic GHI/CBP Blue Cross plan. The cost of the optional rider is noted on page 28.

For additional information call (212) 760-6808. GHI has a special Transfer Period phone number. Call (212) 760-6839.

GHI-CBP/BLUE CROSS

OUT-PATIENT CARE

PHYSICIANS' OFFICE VISITS
SURGERY—PHYSICIANS' OFFICE OR
HOSPITAL OUT-PATIENT
LABORATORY AND X-RAY SERVICES

Cost To You

\$5 Co-payment per visit

*Payment in full

*Payment in full

HOSPITAL CARE

SEMI-PRIVATE ROOM AND BOARD

Covers 21 Full-180 Discount Days (additional coverage through the optional rider.)

NOTE:

GHI Major Medical covers admissions for diagnostic studies, physical therapy, rehabilitation, and excess days not covered by Blue Cross.

PHYSICIANS' AND SURGEONS' SERVICES
GENERAL NURSING CARE
DRUGS AND MEDICATION
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)
INTENSIVE AND CORONARY CARE UNITS
USE OF OPERATING AND RECOVERY ROOM
ANESTHESIA

*Payment in full

Covered in full

Payment in full

Payment in full

Payment in full

Payment in full

*Payment in full

EMERGENCY CARE

AMBULANCE SERVICE
IN DOCTORS' OFFICES
HOSPITAL EMERGENCY ROOM
URGENT CARE FACILITY

Payment up to \$75 (depending on mileage)

*Payment in full

*Payment in full

*Payment in full

PREVENTIVE CARE

ROUTINE PHYSICAL CHECK-UP
ROUTINE PEDIATRIC (WELL-BABY) CARE
IMMUNIZATIONS
ROUTINE HEARING EXAMINATIONS
VISION CARE

Not Covered

See optional rider

Not Covered

Not Covered

Not Covered

MENTAL HEALTH CARE

OUT-PATIENT DRUG ABUSE
 ALCOHOL ABUSE

Not Covered

60 visits per year covered in full in an approved out-patient treatment facility

See optional rider.

5 days detoxification per admission; maximum 30 days per year

5 days detoxification per admission; maximum 30 days per year. (See optional rider for additional benefits.)

*Physician: covered in full

Hospital: 30 days per year in a non-governmental general hospital, additional Major Medical:

\$10,000 maximum per year; \$20,000 lifetime maximum

IN-PATIENT MENTAL HEALTH
 DRUG ABUSE

ALCOHOL ABUSE

MENTAL HEALTH

MATERNITY CARE

IN PHYSICIANS' OFFICES
PRE-NATAL AND POST-NATAL VISITS
IN THE HOSPITAL
PHYSICIAN SERVICES—MOTHER AND NEWBORN

*Payment in full

*Mother—Payment in full

Newborn—Covered only if medically necessary

Not Covered

*Payment in full by Blue Cross

NEWBORN NURSERY SERVICES
MOTHER'S HOSPITAL SERVICES

HOME HEALTH CARE

HOME CARE SERVICES
HOSPICE CARE

Covered by Blue Cross

Covered by Blue Cross

SKILLED NURSING FACILITY

See Medicare coverage

REHABILITATION

PHYSICAL
SPEECH

*Payment in full

*Payment in full

PHARMACY SERVICES

See Optional Rider

FULL-TIME STUDENTS

GHI medical benefits—covered in full to age 23

Hospitalization through optional rider to age 23

*When Participating Physicians are used. When non-participating providers are used, Major Medical coverage applies; subject to a \$100 deductible per person per calendar year; \$300 maximum family deductible, allowance based on 80% of Major Medical schedule. After patient's out-of-pocket expense reaches \$2,000, plan pays 100% of allowance on schedule; \$100,000 annual maximum, \$1 million lifetime maximum.

GHI TYPE C/BLEU CROSS

GHI's Type C Program is a plan that is usually recommended for Medicare eligible retirees. For non-Medicare eligible retirees payment for physicians' bills are based on a schedule of allowances that has not been significantly improved since 1974. There is no deductible or coinsurance required. Benefits are available worldwide. Payments are made for diagnosis, general medical care, immunization visits, treatment of illnesses, allergy desensitization, and well-baby care.

	<u>GHI Pays</u>
Home Visit	\$10
Office Visit	\$ 7

Included in the benefit package (refer directly to the GHI Type C booklet for the extent of coverage) are surgery and anesthesia, dental surgery, maternity care, in-hospital medical care, radiation therapy, specialist consultations, diagnostic procedures, X-ray examinations, lab tests, shock therapy, and intermittent nurse service in your home. Also covered are: ambulance services, private-duty professional nursing services, appliances, equipment, and oxygen, all of which have a \$25 annual deductible and coinsurance.

Hospital benefits are provided by Empire Blue Cross and Blue Shield of Greater New York. Hospital benefits include, in addition to basic room and board in a semi-private room: reimbursement for the cost of administering blood transfusions and the payment of blood processing fees; up to 30 days of regular hospital benefits for mental and nervous disorders; coverage for substance abuse admissions for detoxification purposes; hospice care; emergency care; pre-surgical testing, out-patient alcoholism rehabilitation and dialysis for kidney failure.

Currently, GHI Type C enrollees, in order to maintain full benefits, have to obtain a second opinion for certain surgical procedures. Your 1987 GHI Type C/Blue Cross health care benefits package will include a new feature called **NYC Healthline**. GHI patients scheduled for surgery or hospitalization must call NYC Healthline prior to an ad-

mission or out-patient surgical procedure. See page 2 for more detailed information on these important programs.

GHI TYPE C MEDICARE

If you are Medicare eligible and still actively employed, GHI Type C will continue to be your primary plan and your benefits will be as described. If you are Medicare eligible and retired, GHI Type C supplements Medicare for home and office visits, surgery and anesthesia, dental surgery, maternity care, in-hospital medical care, radiation therapy, specialist consultation, diagnostic procedures, X-ray examination and laboratory tests, shock therapy and intermittent nurse service in your home (Visiting Nurse Service). Medicare pays 80% of the Medicare scheduled allowance and GHI Type C pays the remaining 20% both in and out of the hospital. If the Medicare deductible has been met through any of the above services, GHI will reimburse you that deductible. GHI will also reimburse the 20% coinsurance not paid by Medicare for these services. You are covered for home and office visits.

The program offers an optional rider with these additional benefits: Prescription Drugs at 80% of reasonable and customary charges (subject to an annual \$100 deductible per person and \$300 per family); and 365 Day Blue Cross Hospitalization. If your welfare fund provides benefits similar to those listed in the rider, those specific benefits will be provided through your welfare fund and the payroll deduction will be reduced accordingly. See page 26 for more information on the GHI Type C/Blue Cross Medicare program.

COST

There is no cost for the basic GHI Type C/Blue Cross plan. The cost of the optional rider is noted on page 29.

For additional information, call (212) 760-6808.

GHI TYPE C/BLUE CROSS

OUT-PATIENT CARE

PHYSICIANS' OFFICE VISITS
SURGERY—PHYSICIANS' OFFICE OR
HOSPITAL OUT-PATIENT
LABORATORY AND X-RAY SERVICES

Benefits

\$7 per Visit

Per Schedule of Allowances
Per Schedule of Allowances

HOSPITAL CARE

SEMI-PRIVATE ROOM AND BOARD
PHYSICIANS' AND SURGEONS' SERVICES
GENERAL NURSING CARE
DRUGS AND MEDICATION
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)
INTENSIVE AND CORONARY CARE UNITS
USE OF OPERATING AND RECOVERY ROOM
ANESTHESIA

21 Full—180 Discount Days
Per Schedule of Allowances
Payment in full
Payment in full
Payment in full
Payment in full
Payment in full
Per Schedule of Allowances

EMERGENCY CARE

AMBULANCE SERVICE
IN DOCTORS' OFFICES
HOSPITAL EMERGENCY ROOM

Submitted Charge or \$25, whichever is less
\$7 per Visit
Covered within 12 hours of illness
or 72 hours of accident
\$7 per Visit

URGENT CARE FACILITY

PREVENTIVE CARE

ROUTINE PHYSICAL CHECK-UP
ROUTINE PEDIATRIC (WELL-BABY) CARE
IMMUNIZATIONS
ROUTINE HEARING EXAMINATIONS
VISION CARE

\$7 per Visit
\$7 per Visit
\$7 per Visit
Not Covered
Not Covered

MENTAL HEALTH CARE

OUT-PATIENT DRUG ABUSE
 ALCOHOL ABUSE

IN-PATIENT MENTAL HEALTH
 DRUG ABUSE

 ALCOHOL ABUSE
 MENTAL HEALTH

Not Covered
60 visits per year covered in full in
an approved out-patient treatment facility
Not Covered
5 days detoxification per admission;
maximum 30 days per year
5 days detoxification per admission;
maximum 30 days per year
Physician or psychologist: covered
Hospital: covered 30 days per year in a
non-governmental general hospital

MATERNITY CARE

IN PHYSICIANS' OFFICES
PRE-NATAL AND POST-NATAL VISITS
IN THE HOSPITAL
PHYSICIANS' SERVICES—MOTHER AND NEWBORN

Per Schedule of Allowances

Mother—Per Schedule of Allowances
Newborn—Not Covered
Not Covered
Covered in full by Blue Cross

NEWBORN NURSERY SERVICES
MOTHER'S HOSPITAL SERVICES

HOME HEALTH CARE

HOME CARE SERVICES
HOSPICE CARE

Paid in Full
Not Covered

SKILLED NURSING FACILITY

Not Covered

REHABILITATION

PHYSICAL
SPEECH

\$7 per Visit, 4 Visits per year
\$7 per Visit, 16 Visits per year

PHARMACY SERVICES

See Optional Rider

FULL-TIME STUDENTS

GHI medical benefits to age 23

MED-PLAN

Med-Plan will only be offered to Health and Hospitals Corporation (HHC) employees and retirees and their dependents; current Med-Plan members who are not HHC employees may stay in the plan.

Med-Plan is a pre-paid group medical practice developed by Bellevue Hospital Center, DC 37 and New York University School of Medicine. Comprehensive health care is provided at the Med-Plan Center, 26th Street and First Avenue in Manhattan.

The emphasis at Med-Plan is on convenient, comprehensive, quality medical care. All Med-Plan physicians (primary care as well as specialists) are board-certified or board-eligible in their medical fields and all are members of the teaching faculty of New York University School of Medicine.

Med-Plan members select a personal physician from among the Med-Plan primary care physicians. This physician provides primary care (check-ups, routine visits) and coordinates all health care needs through referrals to specialists as needed. Inpatient care is provided at Bellevue Hospital Center.

As a member of Med-Plan you will be covered in full for a wide range of health care services including office visits, hospital visits and surgical care, emergency visits, maternity and pediatric care, and psychiatric care. Some special features of Med-Plan include preventive health, health education, and second surgical consultation services. There are no deductibles, no bills, no forms and no cost for covered services.

The Med-Plan Center has convenient evening and weekend hours for scheduled appointments and urgent walk-ins. Monday, Tuesday, Wednesday, Thursday: 9 AM-7 PM, Friday: 9 AM-5 PM, Saturday: 8 AM-12 Noon.

Med-Plan has an Emergency Hotline which is open 24 hours/7 days a week. Members can call the Hotline any time they need help or advice for a medical problem. This service reduces the need for an emergency room visit.

Med-Plan offers an optional rider which provides prescription drugs at no charge when prescribed by a Med-Plan physician and dispensed through either Bellevue Hospital Center or one of the designated pharmacies in the Med-Plan vicinity. When ordered by Med-Plan, private-duty nursing in the hospital and covered appliances and prosthetics are covered. If your welfare fund provides benefits similar to those listed in the rider, those specific benefits will be provided through your welfare fund and your payroll deductions will be reduced accordingly.

MED-PLAN MEDICARE

If you are an active employee and over age 65, Med-Plan will be your primary plan and your benefits will be as already described. Retirees who become Medicare eligible must withdraw from Med-Plan and choose another City health plan. You may continue seeing your Med-Plan physicians under Med-Plan's Special Medicare Program, but the procedures will be different since Med-Plan will no longer be your City health plan.

COST

There is no payroll deduction for the basic Med-Plan program. The cost of this optional rider is noted on page 29.

For more information, call (212) 561-3335.

MED-PLAN

OUT-PATIENT CARE

PHYSICIANS' OFFICE VISITS
SURGERY—PHYSICIANS' OFFICE OR
HOSPITAL OUT-PATIENT
LABORATORY AND X-RAY SERVICES

Cost To You

*Covered in full
*Covered in full
*Covered in full

HOSPITAL CARE

SEMI-PRIVATE ROOM AND BOARD
PHYSICIANS' AND SURGEONS' SERVICES
GENERAL NURSING CARE
DRUGS AND MEDICATION
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)
INTENSIVE AND CORONARY CARE UNITS
USE OF OPERATING AND RECOVERY ROOM
ANESTHESIA

*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full

EMERGENCY CARE

AMBULANCE SERVICE
IN DOCTORS' OFFICES
HOSPITAL EMERGENCY ROOM
URGENT CARE FACILITY

Covered in full when authorized by Med-Plan
*Covered in full
*Covered in full
Covered in full only out-of-area

PREVENTIVE CARE

ROUTINE PHYSICAL CHECK-UP
ROUTINE PEDIATRIC (WELL-BABY) CARE
IMMUNIZATIONS
ROUTINE HEARING EXAMINATIONS
VISION CARE

*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full

MENTAL HEALTH CARE

OUT-PATIENT	DRUG ABUSE ALCOHOL ABUSE
IN-PATIENT	MENTAL HEALTH DRUG ABUSE ALCOHOL ABUSE MENTAL HEALTH

Not Covered
*60 visits per year covered in full in
an approved out-patient treatment facility
Not Covered
*5 days (or per protocol) detoxification per
admission; 30 day maximum per year
*5 days detoxification per admission;
30 day maximum per year
*30 days per year in a psychiatric section
of a general hospital

MATERNITY CARE

IN PHYSICIANS' OFFICES
PRE-NATAL AND POST-NATAL VISITS
IN THE HOSPITAL
PHYSICIANS' SERVICES—MOTHER AND NEWBORN
NEWBORN NURSERY SERVICES
MOTHER'S HOSPITAL SERVICES

*Covered in full
*Covered in full
*Covered in full
*Covered in full

HOME HEALTH CARE

HOME CARE SERVICES
HOSPICE CARE

*Covered in full
Not Covered

SKILLED NURSING FACILITY

*Covered in full when medically appropriate

REHABILITATION

PHYSICAL
SPEECH

*Covered in full
Not Covered

PHARMACY SERVICES

Optional rider available

FULL-TIME STUDENTS

Covered to age 23

*When provided or authorized by a Med-Plan doctor.

DC 37 MED-TEAM

Available to DC 37 members (active or retired) only.

DC 37's Med-Team is an innovative health care program that offers a full range of coverage, all provided within the neighborhood where members live or work, and is coordinated as a "team". DC 37 Med-Team, a health care program*, utilizes physicians and family practitioners in several boroughs of the City. Currently, active or retired DC 37 members living or working in specific Zip Code areas in the Bronx, Manhattan, Brooklyn and Staten Island are eligible for full coverage.

Participating physicians and practitioners have been selected on the basis of recommendations from medical directors and medical department chairpersons of community hospitals and health centers. These highly skilled and dedicated providers, all of whom are either board-certified or board-eligible in their specialties, have agreed to work as a "team" in providing necessary care to eligible DC 37 members.

Members may choose their own primary care physicians (general medicine, pediatrics and ob/gyn) who will be responsible for managing care within a system of participating specialists, diagnostic facilities, and community-based hospitals. A \$5 co-payment is required when visiting primary care physicians. However, no charge is made when referred to participating specialists or other participants in the program.

Med-Team Brooklyn provides physicians in private practice within the Sunset Park-Bay Ridge area with hospitalization when needed at Lutheran Medical Center. To be eligible, the subscriber must be a DC 37 member (active or retired) and live or work in the following Zip Code areas:

11204, 11209, 11214, 11215, 11217, 11218, 11219, 11220, 11223, 11228, 11229, 11230, 11232, 11238.

Med-Team Bronx offers family-oriented care at Soundview Health Center with hospitalization at Bronx-Lebanon (Concourse) and St. Barnabas Hospital. To be eligible, the subscriber must be a DC 37 member (active or retired) and live or work in the following Zip Code areas:

10459, 10460, 10461, 10462, 10465, 10472, 10473, 10474.

Med-Team Manhattan provides care within the St. Luke's/Roosevelt complex of facilities. One at West 114th Street with a family orientation and a new group practice facility on West 77th Street, both using either St. Luke's or Roosevelt Hospital for hospitalization. To be eligible, the subscriber must be a DC 37 member (active or retired) and live or work in the following Zip Code areas:

10001, 10018, 10019, 10021, 10023, 10024, 10025, 10026, 10027, 10028, 10029, 10031, 10032, 10033, 10034, 10035, 10036, 10040.

Med-Team Staten Island provides physicians in private practice all over Staten Island with hospitalization at Staten Island Hospital. To be eligible, the subscriber must be a DC 37 member (active or retired) and live or work in any Zip Code area in Staten Island.

If you choose a non-participating provider, Med-Team will reimburse you according to a reduced fee schedule. This means there will be out-of-pocket costs for which the member is responsible.

MED-TEAM MEDICARE

If you are over age 65 and actively employed, Med-Team will provide primary coverage and your benefits will be described as above. Retirees with Medicare enjoy the benefit of having all co-payments and deductibles covered by Med-Team. There is no optional benefits rider. Elective medical services (non-emergency) provided by non-Med-Team physicians are covered only by Medicare and are subject to Medicare's standard deductibles, coinsurance payments, and exclusions. Med-Team does not supplement Medicare coverage for such services. See page 27 for additional information on the Med-Team Medicare Program.

COST

There are no payroll deductions for the basic Med-Team Program. There is no optional benefits rider.

For more information, call (212) 815-1313.

*At present the program is underwritten by Empire Blue Cross and Blue Shield.

MED-TEAM

OUT-PATIENT CARE

PHYSICIANS' OFFICE VISITS
SURGERY—PHYSICIANS' OFFICE OR
HOSPITAL OUT-PATIENT
LABORATORY AND X-RAY SERVICES

Cost To You

*\$5 Co-payment

*Covered in full

*Covered in full

HOSPITAL CARE

SEMI-PRIVATE ROOM AND BOARD
PHYSICIANS' AND SURGEONS' SERVICES
GENERAL NURSING CARE
DRUGS AND MEDICATION
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)
INTENSIVE AND CORONARY CARE UNITS
USE OF OPERATING AND RECOVERY ROOM
ANESTHESIA

*Covered in full—365 days per year

*Covered in full

*Covered in full

*Covered in full

*Covered in full

*Covered in full

*Covered in full

*Covered in full

EMERGENCY CARE

AMBULANCE SERVICE
IN DOCTORS' OFFICES
HOSPITAL EMERGENCY ROOM

Covered for \$50 or \$75 (depending on mileage)

*\$5 Co-payment

Covered by Blue Cross within 12 hrs. of an
illness or 72 hrs. of an accident

*Covered in full when authorized

URGENT CARE FACILITY

PREVENTIVE CARE

ROUTINE PHYSICAL CHECK-UP
ROUTINE PEDIATRIC (WELL-BABY) CARE
IMMUNIZATIONS
ROUTINE HEARING EXAMINATIONS
VISION CARE

*\$5 Co-payment

*\$5 Co-payment

*\$5 Co-payment

*Covered in full

*Covered in full

MENTAL HEALTH CARE

OUT-PATIENT DRUG ABUSE
 ALCOHOL ABUSE

Not Covered

*Up to 60 visits per year covered in full in
approved out-patient treatment facility

IN-PATIENT MENTAL HEALTH
 DRUG ABUSE

Not Covered

*Detoxification—covered in full 5 days
per episode/30 days per year

*Detoxification—covered in full 5 days per
episode/30 days per year

*Physician: covered in full. Hospitalization: 30 days
per year in a psychiatric section
of a general hospital

ALCOHOL ABUSE

MENTAL HEALTH

MATERNITY CARE

IN PHYSICIANS' OFFICES
PRE-NATAL AND POST-NATAL VISITS
IN THE HOSPITAL
PHYSICIANS' SERVICES—MOTHER AND NEWBORN
NEWBORN NURSERY SERVICES
MOTHER'S HOSPITAL SERVICES

*Covered in full

*Covered in full

*Covered in full

*Covered in full

HOME HEALTH CARE

HOME CARE SERVICES
HOSPICE CARE

*Covered in full 200 visits when authorized

*Covered in full 210 days when authorized

SKILLED NURSING FACILITY

Not covered

REHABILITATION

PHYSICAL

*Covered for 30 days in-hospital plus 30
out-patient visits between physical and speech

*Covered for 30 days in-hospital plus 30
out-patient visits between physical and speech

SPEECH

PHARMACY SERVICES

Through DC 37 Health and Security Plan

FULL-TIME STUDENTS

Covered to age 23

*When using a Med-Team physician or authorized by a Med-Team physician.

EMPIRE BLUE CROSS AND BLUE SHIELD— HEALTHNET

HEALTHNET is a new program offered by Empire Blue Cross and Blue Shield. HEALTHNET is an Individual Practice Association (IPA) form of an HMO (Health Maintenance Organization) which allows members to choose their primary care physicians from a Provider Directory of nearly 2,000 participating primary care physicians and over 3,000 specialists who are located throughout the 27-county HEALTHNET service area of New York State.

Comprehensive health care benefits when provided or authorized by a HEALTHNET primary care physician include not only full coverage for unlimited days of hospital care, but full coverage for referral to specialists, preventive care (including physical examinations, well-child care, Pap tests, comprehensive eye examinations, family planning, and health and nutrition counseling), maternity care, durable medical equipment, home health care, and skilled nursing care facilities.

Each member of HEALTHNET, as well as each family member, chooses a primary care physician to provide and manage their health care needs. The primary care physician is responsible for referrals to specialists and arranging hospitalization and any other needed medical and health care services.

Medical services are rendered in either a physician's private office or at a physician's office at a group practice center, as well as their affiliated hospital when necessary. There is a \$5 co-payment required for each office visit to a primary care physician. Referral to specialists, well-child care, and prenatal care are covered in full, without charge. All services authorized by the primary care physician are covered.

Customary hospitalization charges, as well as newborn nursery charges are covered in full. Emergency room services require a \$35 co-payment, unless followed by hospitalization within 3 days.

Emergency room care when traveling in or outside the HEALTHNET service area is covered when the onset of the medical condition was unexpected and of such a nature that failure to obtain immediate care would result in a deterioration of the patient's condition which would cause serious impairment or threat to life. Your HEALTHNET primary care physician must be notified within 3 days if you are hospitalized.

Urgent care is non-emergency care, but still a condition which requires immediate attention, and cannot wait until your return to your primary care physician and the HEALTHNET service area. When out of area urgent care is needed, members should call their primary care physician for medical direction. Whatever is authorized will be covered in full (excluding prescriptions). You may also call HEALTHNET's toll-free 800 number for information on the availability of medical care in the area traveled.

An optional prescription rider for prescription drugs (\$5 co-pay per prescription or refill) is also available to subscribers through Empire Blue Cross and Blue Shield.

HEALTHNET MEDICARE

If you are over age 65 and actively employed, HEALTHNET will provide primary coverage and your benefits will be as described above. If you are Medicare eligible and retired with both Medicare Parts A and B you are also eligible for HEALTHNET. This plan provides the same comprehensive benefits of the standard HEALTHNET program which includes coverage for the deductibles, coinsurance, and services not covered by Medicare Parts A and B, but not to exceed the standard coverage provided through HEALTHNET's program. To be covered in full, Medicare eligibles must use HEALTHNET physicians. If a non-HEALTHNET physician is used, only Medicare coverage is applicable and care is subject to deductibles, co-payments, and exclusions. See page 27 for additional information on the HEALTHNET Medicare Program.

COST

There is a payroll deduction for the basic HEALTHNET Program and the optional rider. Please see page 30 for details.

For additional information, call (212) 973-7111.

HEALTHNET

OUT-PATIENT CARE

PHYSICIANS' OFFICE VISITS
SURGERY—PHYSICIANS' OFFICE OR
HOSPITAL OUT-PATIENT
LABORATORY AND X-RAY SERVICES

Cost To You

*\$5 Co-payment (Primary Care Only)

*Covered in full
*Covered in full

HOSPITAL CARE

SEMI-PRIVATE ROOM AND BOARD
PHYSICIANS' AND SURGEONS' SERVICES
GENERAL NURSING CARE
DRUGS AND MEDICATION
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)
INTENSIVE AND CORONARY CARE UNITS
USE OF OPERATING AND RECOVERY ROOM
ANESTHESIA

*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full

EMERGENCY CARE

AMBULANCE SERVICE
IN DOCTORS' OFFICES
HOSPITAL EMERGENCY ROOM
URGENT CARE FACILITY

*Covered in full
*\$5 Co-payment (Primary Care Only)
*\$35 Co-payment
*\$35 Co-payment (Out of Service Area
Only—Not Covered in Service Area)

PREVENTIVE CARE

ROUTINE PHYSICAL CHECK-UP
ROUTINE PEDIATRIC (WELL-BABY) CARE
IMMUNIZATIONS
ROUTINE HEARING EXAMINATIONS
VISION CARE

*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full

MENTAL HEALTH CARE

OUT-PATIENT	DRUG ABUSE
	ALCOHOL ABUSE
IN-PATIENT	MENTAL HEALTH
	DRUG ABUSE
	ALCOHOL ABUSE
	MENTAL HEALTH

Covered in full for up to 60 visits
Covered in full for up to 60 visits
*\$25 Co-payment up to 20 visits per calendar year
3-7 Days Detoxification (per incident) in Hospital
30 days maximum per year. 30 days in-patient
rehabilitation, 90 days day/night
care (non-medical facility).
120 day combined maximum.
3-7 Days Detoxification (per incident) in Hospital
30 days maximum per year. 30 days in-patient
rehabilitation, 90 days day/night
care (non-medical facility).
120 day combined maximum.
*Up to 30 days in full

MATERNITY CARE

IN PHYSICIANS' OFFICES
PRE-NATAL AND POST-NATAL VISITS
IN THE HOSPITAL
PHYSICIANS' SERVICES—MOTHER AND NEWBORN
NEWBORN NURSERY SERVICES
MOTHER'S HOSPITAL SERVICES

*Covered in full
*Covered in full
*Covered in full
*Covered in full

HOME HEALTH CARE

HOME CARE SERVICES
HOSPICE CARE

*Covered in full
*Covered in full

SKILLED NURSING FACILITY

*Covered in full when medically appropriate—
30 days

REHABILITATION

PHYSICAL
SPEECH

*20 visits in full (out-patient)
*Covered in full

PHARMACY SERVICES

See Optional Rider

FULL-TIME STUDENTS

Covered to age 25

*ALL SERVICES MUST BE PROVIDED OR AUTHORIZED BY YOUR HEALTHNET PRIMARY CARE PHYSICIAN.

MAXICARE

Maxicare was formed in association with many leading teaching hospitals in New York and their participating medical staffs—Beth Israel Medical Center, Long Island Jewish Medical Center, Presbyterian Hospital, Montefiore Medical Center, Maimonides Medical Center, Staten Island Hospital, and Long Island College Hospital. Additional physician groups and hospitals are being added all the time, and information on these new groups can be obtained by calling the number listed below.

Maxicare stresses preventive care, seeking to maintain your good health in addition to treating illness and injury. Care is provided without deductibles or claim forms.

As a Maxicare member, you will first choose a hospital/physician network which consists of a large number of physicians practicing in their own private offices. There are 1500 participating physicians in the Maxicare system. Members elect a physicians' network which is affiliated with a specific hospital. Family members can select physicians or change physicians only within that network. The primary care physician will arrange for all specialty and hospital care. Should the care of a non-Maxicare specialist be required, the costs of such care are covered when referral is made by your Maxicare physician.

Coverage is comprehensive and includes at no charge: office visits, regular check-ups, unlimited hospitalization, immunization, surgical care, well-baby care, well-child care, wellness programs, and health education services provided to you and your covered dependents at no charge. Unmarried, full-time dependent students can be covered on your plan up to age 23.

Emergency medical services provided in either an emergency room or by a non-Maxicare physician require a 50% co-payment of the prevailing rate, not to exceed \$25 per occurrence. The co-payment is waived if the member is hospitalized.

While traveling outside the service area, coverage for emergency

medical care and hospitalization is limited to the care required up until the member's condition permits transfer to a Maxicare facility. Your Maxicare physician must be notified within 48 hours of the emergency service, provided that the medical condition of the patient permits. The required co-payment conditions are identical to those within the service area.

An optional rider for prescription drugs (\$2 per prescription or refill) is also available to Maxicare non-Medicare eligible subscribers.

MAXICARE MEDICARE

If you are over age 65 and actively employed, Maxicare will provide primary coverage and your benefits will be as described above. If you are retired with Medicare Parts A and B you may receive Maxicare's Medicare Plan. Maxicare will coordinate benefits with Medicare. This means that Maxicare will pay the Medicare deductible and coinsurance amounts, as well as the Medicare exclusions for preventive care when care is provided by a Maxicare physician. If a non-Maxicare physician is used, only Medicare coverage is applicable and care is subject to deductibles, co-payments, and exclusions. The optional prescription drug rider is not available to Medicare eligible subscribers. For more information on Maxicare's Medicare Program, see page 27.

COST

There is a payroll deduction for the basic Maxicare plan and for the optional rider; please see page 31 for more details.

Maxicare has participating plans in many other states that retirees may subscribe to. For more information on these other locations call: 1-800-822-MAXI.

For more information in the New York area call: (212) 529-5309.

MAXICARE

OUT-PATIENT CARE		Cost To You
PHYSICIANS' OFFICE VISITS		*Covered in full
SURGERY—PHYSICIANS' OFFICE OR HOSPITAL OUT-PATIENT		
LABORATORY AND X-RAY SERVICES		*Covered in full
HOSPITAL CARE		*Covered in full
SEMI-PRIVATE ROOM AND BOARD		*Covered in full
PHYSICIANS' AND SURGEONS' SERVICES		*Covered in full
GENERAL NURSING CARE		*Covered in full
DRUGS AND MEDICATION		*Covered in full
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)		*Covered in full
INTENSIVE AND CORONARY CARE UNITS		*Covered in full
USE OF OPERATING AND RECOVERY ROOM		*Covered in full
ANESTHESIA		*Covered in full
EMERGENCY CARE		
AMBULANCE SERVICE		*Covered in full
IN DOCTORS' OFFICES		*Covered in full
HOSPITAL EMERGENCY ROOM		*\$25 co-pay unless followed by hospital admission
URGENT CARE FACILITY		*Covered in full
PREVENTIVE CARE		
ROUTINE PHYSICAL CHECK-UP		*Covered in full
ROUTINE PEDIATRIC (WELL-BABY) CARE		*Covered in full
IMMUNIZATIONS		*Covered in full
ROUTINE HEARING EXAMINATIONS		*Covered in full
VISION CARE		*Covered in full
MENTAL HEALTH CARE		
OUT-PATIENT	DRUG ABUSE	Not Covered
	ALCOHOL ABUSE	
	MENTAL HEALTH	
IN-PATIENT	DRUG ABUSE	Covered in full—60 Day Maximum 1st Visit—*Covered in full—19 visits per year with \$20 co-payment per visit Covered in full—Detoxification Covered in full—Detoxification Rehabilitation—Covered in full—30 Day Maximum *Covered in full—60-Day Maximum
	ALCOHOL ABUSE	
	MENTAL HEALTH	
MATERNITY CARE		
IN PHYSICIANS' OFFICES		
PRE-NATAL AND POST-NATAL VISITS		
IN THE HOSPITAL		*Covered in full
PHYSICIANS' SERVICES—MOTHER AND NEWBORN		*Covered in full
NEWBORN NURSERY SERVICES		*Covered in full
MOTHER'S HOSPITAL SERVICES		*Covered in full
HOME HEALTH CARE		
HOME CARE SERVICES		*Covered in full
HOSPICE CARE		*Covered in full
SKILLED NURSING FACILITY		*Covered in full —100 Day Limit
REHABILITATION		
PHYSICAL		*Covered in full—60 Day Maximum per illness
SPEECH		*Covered in full—60 Day Maximum
PHARMACY SERVICES		See Optional Rider
FULL-TIME STUDENTS		Covered to age 23

*Covered in full when provided or authorized by Maxicare physician.

US HEALTHCARE

US Healthcare is a comprehensive health care plan which does more than simply pay the bills for your medical costs. US Healthcare has over 14 years experience in providing quality medical care to hundreds of thousands of people in the United States. Personal care is provided through family doctors located throughout New York, New Jersey, and Pennsylvania.

When you become a member of US Healthcare, you and members of your family will be able to pick a family doctor, internist, or pediatrician from a list of 600 primary care doctors in the service area. Once you have selected a doctor, you will go to his or her office to receive the care you need. If you should need a specialist, the primary care doctor you have chosen will refer you and all visits are completely covered. Care will be coordinated between your primary care doctor and the specialist.

When you visit your primary care doctor, you will pay \$2 for that visit. Should you require any additional specialty care, hospitalization, surgery, intensive care, ambulance service, physical or rehabilitation therapy, home care, allergy treatments, vision or hearing examinations, anesthesia, diagnostic tests or X-rays, you are covered. US Healthcare will pay the whole bill—100%. There are no claim forms to fill out and no waiting for reimbursement.

Emergency care is covered anywhere in the world and all reasonable costs are reimbursed at 100% except for a co-payment of \$5 for a visit to the doctor's office or \$15 for a visit to an emergency room. If you are admitted to the hospital, the emergency room co-payment is waived.

If you or someone in your family is faced with a rare or complicated illness, US Healthcare's National Medical Excellence Program will help you find the best medical care available and will send you wherever necessary.

US Healthcare pays when you are sick and also pays to keep you healthy. As a member, you will be able to take advantage of the Healthy Outlook Programs which include programs to help you stop smoking, manage stress, keep fit and get involved in a Healthy Eating Program.

In addition, an optional prescription drug rider is available. Prescription drugs are available for a \$2.50 co-payment per prescription at a participating pharmacy.

US HEALTHCARE MEDICARE

If you are over age 65 and actively employed, US Healthcare will provide primary coverage and your benefits will be as described above. When you join US Healthcare's Medicare Program, US Healthcare becomes your exclusive provider for Medicare benefits. It is not a supplemental plan and no other supplemental coverage is necessary. Retired Medicare eligibles will receive their health care as described above with expanded coverage to include durable medical equipment and hearing aids. There are no deductibles, no claim forms to file, and no coinsurance. All medical care must be coordinated through your US Healthcare primary care physician and the US Healthcare delivery system. Medical care received outside of the US Healthcare system is not covered, except in an emergency or urgent situation. Please see page 27 for more information on the US Healthcare Medicare Program.

COST

There are payroll deductions for the basic US Healthcare program. Please see page 31 for details. In addition, the optional rider may be purchased by non-Medicare eligibles only. See page 31 for details.

For additional information call: 1-800-345-8500 extension 313.

US HEALTHCARE

OUT-PATIENT CARE		Cost To You
PHYSICIANS' OFFICE VISITS		*Covered in full—\$2 co-payment for primary care physician only
SURGERY—PHYSICIANS' OFFICE OR HOSPITAL OUT-PATIENT		*Covered in full
LABORATORY AND X-RAY SERVICES		*Covered in full
HOSPITAL CARE		
SEMI-PRIVATE ROOM AND BOARD		*Covered in full
PHYSICIANS' AND SURGEONS' SERVICES		*Covered in full
GENERAL NURSING CARE		*Covered in full
DRUGS AND MEDICATION		*Covered in full
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)		*Covered in full
INTENSIVE AND CORONARY CARE UNITS		*Covered in full
USE OF OPERATING AND RECOVERY ROOM		*Covered in full
ANESTHESIA		*Covered in full
EMERGENCY CARE		
AMBULANCE SERVICE		*Covered in full when medically necessary
IN DOCTORS' OFFICES		\$5 co-payment—reimbursement of reasonable fees for necessary emergency care
HOSPITAL EMERGENCY ROOM		*\$15 co-payment—reimbursement of reasonable fees for necessary emergency care
URGENT CARE FACILITY		*\$15 co-payment—reimbursement of reasonable fees for necessary emergency care
PREVENTIVE CARE		
ROUTINE PHYSICAL CHECK-UP		*Covered in full
ROUTINE PEDIATRIC (WELL-BABY) CARE		*Covered in full
IMMUNIZATIONS		*Covered in full (except for travel)
ROUTINE HEARING EXAMINATIONS		*Covered in full
VISION CARE		*Covered in full
MENTAL HEALTH CARE		
OUT-PATIENT	DRUG ABUSE	
	ALCOHOL ABUSE	
	MENTAL HEALTH	
IN-PATIENT	DRUG ABUSE	Covered in full—acute phase of illness, also 60 visits/year for therapeutic services
	ALCOHOL ABUSE	Covered in full—acute phase of illness, also 60 visits/year for therapeutic services
	MENTAL HEALTH	*Covered for 20 visits/year with variable co-payments from \$0 to \$25
		Covered in full for acute phase of treatment
		Covered in full for acute phase of treatment
		*Covered 35 days in 365 day period
MATERNITY CARE		
IN PHYSICIANS' OFFICE		*Covered in full
PRE-NATAL AND POST-NATAL VISITS		
IN THE HOSPITAL		
PHYSICIANS' SERVICES—MOTHER AND NEWBORN		*Covered in full
NEWBORN NURSERY SERVICES		*Covered in full
MOTHER'S HOSPITAL SERVICES		*Covered in full
HOME HEALTH CARE		
HOME CARE SERVICES		*Covered in full when medically necessary
HOSPICE CARE		*Covered in full when medically necessary
SKILLED NURSING FACILITY		*Covered in full when medically appropriate
REHABILITATION		
PHYSICAL		*Covered in full—short-term rehabilitation
SPEECH		*Covered in full—short-term rehabilitation
PHARMACY SERVICES		See optional rider
FULL-TIME STUDENTS		Covered to age 23

*When provided or authorized by US Healthcare primary care physician.

HIP CHOICE

The Health Insurance Plan of Greater New York (HIP) is offering for the first time an innovative new plan which gives subscribers more choices. HIP CHOICE allows the flexibility of receiving care from the physicians of HIP while maintaining the option to use any other physician whenever desired. Under this plan, all benefits to HIP/HMO members are available when provided or arranged by HIP doctors, including full coverage for check-ups, well-baby care, routine immunizations, and eye exams. There are no deductibles, co-payments, or penalties for services provided by HIP. Hospitalization by a HIP doctor is also fully covered.

In addition, the HIP CHOICE subscriber can use any other doctors at any time and be reimbursed for up to 60% of the doctor's fee. Coverage is subject to a deductible. Full coverage for in-patient hospital care, skilled nursing facility care and home care, arranged by non-HIP physicians is available if prior approval is obtained from HIP through TEAM CARE. If you choose HIP CHOICE, you will receive additional information and the phone number for TEAM CARE.

For care from non-HIP doctors, HIP CHOICE members are subject to a \$200 deductible per individual, per year, with a \$400 annual family maximum. Thereafter, members will be reimbursed for 60% of what HIP CHOICE determines as reasonable and customary charges for the services provided. Co-payments are the responsibility of the subscriber but only until a \$1000 maximum per individual or \$2000 per family is reached. HIP CHOICE will then pay 100% of further reasonable and customary charges. The member will still be responsible for any charges above what HIP considers reasonable and customary. Periodic health exams, well-baby care, routine immunizations, and eye exams are not covered when provided by a non-HIP doctor.

HIP CHOICE offers an optional rider. The rider fully covers, at over 1,700 participating pharmacies, drugs prescribed by a HIP physician. Prescription drugs not prescribed by a HIP physician are subject to a \$3 co-payment at participating pharmacies.

HIP SUPPLEMENTARY MEDICARE PROGRAM

If you are over age 65 and actively employed, HIP CHOICE will provide primary coverage.

If you are Medicare eligible, the HIP Supplementary Medicare Program provides comprehensive medical and hospital benefits to City of New York retirees who are enrolled in Parts A and B of Medicare. Benefits are the same as described for HIP/HMO, with the following added benefits at no additional cost:

In-hospital private duty nursing when ordered by a HIP physician, psychiatric services for mental or nervous disorders, and prosthetic appliances.

Elective medical services (non-emergency) provided by non-HIP physicians are covered only by Medicare and are subject to Medicare deductibles, coinsurance payments, and exclusions. HIP does not supplement coverage for such services. HIP Supplementary Medicare members may also choose full coverage of prescription drugs through an optional rider. The election of this benefit results in monthly pension deductions. For more information on the HIP Supplementary Medicare program, turn to page 26.

COST

There is a payroll deduction for the basic HIP CHOICE Program and for the optional rider. See page 30 for details.

For additional information, call 1-800-HIP-TALK. During the New York City Transfer Period, specially trained representatives will be available during the following periods: Monday to Thursday, 7:00 AM to 8:30 AM and 5:00 PM to 8:00 PM.

* The Subscriber must satisfy a deductible (\$200 per individual, \$400 per family) after which reimbursement will be 60% of the usual, customary, and reasonable charge. Subscriber must pay excess above usual, customary, and reasonable charge. When 40% co-payments reach \$1,000 per individual or \$2,000 per family in a calendar year, HIP CHOICE will pay 100% usual and customary charges for the remainder of the calendar year.

** With prior approval of HIP (or Employee Assistance Program referrals for substance abuse), all Hospital, Skilled Nursing Facility, and Home Care services are covered in full, except that in-patient drug and/or alcohol detoxification and mental health services are limited to a total of 30 days per year.

HIP CHOICE

COST TO YOU

	SERVICES FROM HIP	SERVICES NOT FROM HIP
OUT-PATIENT CARE		
Physicians' Office Visits	Covered in full	*40%
Surgery—Physicians' Office or Hospital Out-patient	Covered in full	*40%
Laboratory and X-ray Services	Covered in full	*40%
HOSPITAL CARE		
Semi-private Room and Board	Covered in full	**Covered in full
Physicians' and Surgeons' Services	Covered in full	*40%
General Nursing Care	Covered in full	**Covered in full
Drugs and Medication	Covered in full	**Covered in full
Diagnostic Services (labwork, x-rays)	Covered in full	**Covered in full
Intensive and Coronary Care Units	Covered in full	**Covered in full
Use of Operating and Recovery Rooms	Covered in full	**Covered in full
Anesthesia	Covered in full	*40%
EMERGENCY CARE		
Ambulance Service	Covered in full in connection with hospital admission or covered Emergency Room services	Covered in full in connection with hospital admission or covered Emergency Room services
In Doctors' Offices	Covered in full	*40%
Hospital Emergency Room	Covered in full within 12 hours of illness or 72 hours of accident	Covered in full within 12 hours of illness or 72 hours of accident
Urgent Care Facility	Covered in full	*40% of physician services
PREVENTIVE CARE		
Routine Physical Check-up	Covered in full	Not covered
Routine Pediatric (well-baby) Care	Covered in full	Not covered
Immunizations	Covered in full	Not covered
Routine Hearing Examinations	Covered in full	Not covered
Vision Care	Covered in full	Not covered
MENTAL HEALTH CARE		
Out-patient Drug Abuse	Not covered	Not covered
Alcohol Abuse	Covered in full for 60 visits per year	*40%—Limit 60 visits per year
In-patient Mental Health	Not covered	Not covered
Drug Abuse	**Covered in full for up to 18 days per admission	**Covered in full for up to 18 days per admission
Alcohol Abuse	**Covered in full for up to 5 days per admission	**Covered in full for up to 5 days per admission
Mental Health	**Covered in full for up to a maximum of 30 days per year	**Covered in full for up to a maximum of 30 days per year
MATERNITY CARE		
In Physicians' Offices		
Pre-natal and Post-natal visits	Covered in full	*40%
In the Hospital		
Physicians' Services— Mother and Newborn	Covered in full	*40%—(Well-baby care not covered)
Newborn Nursery Services	Covered in full	Covered in full
Mother's Hospital Services	Covered in full	Covered in full
HOME HEALTH CARE		
Home Care Services	Covered in full	40 visits covered in full. Additional visits, unless approved: 50% covered 210 days covered in full
Hospice Care	210 days covered in full	Covered in full with approval; 50% without approval.
SKILLED NURSING FACILITY		
	Covered in full following hospital stay and in lieu of hospitalization	
REHABILITATION		
Physical	Covered in full— Limited to first 30 days of each admission	*40%—Limited to first 30 days of each admission
Speech	Covered in full— Limited to first 30 days of each admission	*40%—Limited to first 30 days of each admission
PHARMACY SERVICES	See optional rider	See optional rider
FULL-TIME STUDENTS	Covered to age 23	Covered to age 23

MID-HUDSON HEALTH PLAN

This plan is open only to active employees and retirees residing in Ulster County and a portion of Northern Dutchess County including Red Hook and Rhinebeck. Medicare eligibles cannot join this plan.

The Mid-Hudson Health Plan (MHP) is a network model Health Maintenance Organization (HMO), offering its members the opportunity to receive health care services at a participating physician's private office or at the MHP Health Center located at the Pine Street Professional Park in the City of Kingston. Physician visits require a \$3 co-payment.

As an MHP member you and each member of your family will choose a personal primary care physician from MHP's list of 34 participating providers. For adults, the primary care physician will specialize in either Internal Medicine or Family Practice and for children, specialization will be in either Pediatrics or Family Practice. Your primary care physician is your key to the Mid-Hudson Health Plan. He or she will coordinate all health care services, including referrals which must be arranged for and authorized by your plan physician. In this way, MHP is able to meet all your health care needs.

MHP members receive full coverage for in-patient hospital care when arranged for and authorized by their primary care physician. Most in-patient care will be provided at the following hospitals: Benedictine Hospital (Kingston); Ellenville Hospital (Ellenville); Kingston Hospital (Kingston); Northern Dutchess Hospital (Rhinebeck); and St. Francis Hospital (Poughkeepsie). Any medically necessary services not provided by these hospitals or MHP-affiliated providers will be arranged by your plan physician and covered in full.

Emergency care is covered, provided that the services are authorized by your MHP primary care physician. For life-threatening emergencies, members receive immediate care and then are expected to call their MHP physician within 48 hours of receiving care. Members are covered 24 hours a day/7 days a week.

MHP care is comprehensive. Routine health care, office visits, allergy tests and treatment, eye and ear exams, laboratory services, X-rays, diagnostic tests, second surgical opinions, medical social services, health education, well-baby care, well-child care, prenatal and postnatal care, services of a physician, surgeon, or anesthesiologist, emergency services, skilled nursing care, mental health care, and physical therapy and rehabilitation are all covered. In addition, unmarried, full-time students are covered to age 25.

A prescription drug rider, requiring a \$3 co-payment per prescription is available to all Mid-Hudson Health Plan subscribers.

COST

There is a payroll deduction for the Mid-Hudson Health Plan: please see page 31 for details.

There is a payroll deduction for the prescription drug rider, please see page 31.

For further information contact Peter Kraft, of Mid-Hudson, at (914) 338-0202.

MID-HUDSON HEALTH PLAN

OUT-PATIENT CARE		Cost To You
PHYSICIANS' OFFICE VISITS		*\$3 co-payment
SURGERY—PHYSICIANS' OFFICE OR HOSPITAL OUT-PATIENT		*\$3 co-payment
LABORATORY AND X-RAY SERVICES		*\$3 co-payment
HOSPITAL CARE		
SEMI-PRIVATE ROOM AND BOARD		*Covered in full
PHYSICIANS' AND SURGEONS' SERVICES		*Covered in full
GENERAL NURSING CARE		*Covered in full
DRUGS AND MEDICATION		*Covered in full
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)		*Covered in full
INTENSIVE AND CORONARY CARE UNITS		*Covered in full
USE OF OPERATING AND RECOVERY ROOM		*Covered in full
ANESTHESIA		*Covered in full
EMERGENCY CARE		
AMBULANCE SERVICE		*Covered in full
IN DOCTORS' OFFICES		*Covered in full
HOSPITAL EMERGENCY ROOM		*Covered in full
URGENT CARE FACILITY		*Covered in full
PREVENTIVE CARE		
ROUTINE PHYSICAL CHECK-UP		*\$3 co-payment
ROUTINE PEDIATRIC (WELL-BABY) CARE		*\$3 co-payment
IMMUNIZATIONS		*\$3 co-payment
ROUTINE HEARING EXAMINATIONS		*\$3 co-payment
VISION CARE		*\$3 co-payment
MENTAL HEALTH CARE		
OUT-PATIENT	DRUG ABUSE	*Covered in full—60 session maximum
	ALCOHOL ABUSE	*Covered in full—60 session maximum
	MENTAL HEALTH	*Covered in full—\$1,400 maximum
IN-PATIENT	DRUG ABUSE	*Covered in full—30 days maximum
	ALCOHOL ABUSE	*Covered in full—30 days maximum
	MENTAL HEALTH	*Covered in full—30 days maximum
MATERNITY CARE		
IN PHYSICIANS' OFFICES		
PRE-NATAL AND POST-NATAL VISITS		*\$3 co-payment
IN THE HOSPITAL		
PHYSICIANS' SERVICES—MOTHER AND NEWBORN		*Covered in full
NEWBORN NURSERY SERVICES		*Covered in full
MOTHER'S HOSPITAL SERVICES		*Covered in full
HOME HEALTH CARE		
HOME CARE SERVICES		*Covered in full
HOSPICE CARE		*Covered in full
SKILLED NURSING FACILITY		*Covered in full when medically appropriate
REHABILITATION		
PHYSICAL		*Covered in full—60 day maximum, in-patient and out-patient
SPEECH		*Evaluation only—covered in full
PHARMACY SERVICES		See optional rider
FULL-TIME STUDENTS		Covered to age 25

*When using Mid-Hudson physicians or referred by a Mid-Hudson physician.

METROPOLITAN HEALTH PLAN

Metropolitan Health Plan is open to Health and Hospitals Corporation (HHC) employees, non-Medicare eligible retirees, and their dependents including full-time students up to age 23.

Metropolitan Health Plan (MHP) is a pre-paid health plan developed by N.Y.C. Health and Hospitals Corporation in partnership with Metropolitan Hospital Center and New York Medical College. The MHP physicians are based at Metropolitan Hospital Center, 1901 First Avenue, between 97th and 99th Streets. MHP is available to all eligible Health and Hospitals Corporation employees and retirees and their dependents, including full-time students up to age 23. MHP offers its members comprehensive health care benefits and the convenience of receiving both medical and hospital services at one location. MHP members receive care in newly renovated in-patient and out-patient care areas.

As an MHP member you will select a personal primary care physician from a panel of MHP physicians. The physician you select provides and coordinates all your health care needs. A primary care provider improves continuity of care and facilitates access to specialty care. All MHP physicians are board certified or board eligible in their medical specialties and are on the faculty of New York Medical College.

As a member of MHP, you will be covered for all hospital and surgical costs. Routine, urgent, and emergency visits, specialty care and even vision care are covered in full when using the MHP facility. There are no co-payments, no deductibles, no bills for covered services, and no waiting for reimbursement.

If a member needs medical or hospital care which cannot be provided at Metropolitan Hospital Center or if an emergency occurs outside the MHP service area, MHP covers these in full.

MHP has a team of membership service representatives available to assist members. They provide orientation to the plan, assist members with questions and offer health education sessions. In addition, MHP has a 24 hour/7 days a week hotline telephone number in case you need help or advice for medical problems. The hotline is staffed by specially trained registered nurses with physicians on call if needed.

Metropolitan Health Plan offers an optional prescription drug rider. The rider provides drugs prescribed by an MHP Physician and through Metropolitan Hospital pharmacy.

METROPOLITAN HEALTH PLAN MEDICARE

If you are over age 65 and actively employed, Metropolitan Health Plan will provide primary coverage and your benefits will be as described above. The Metropolitan Health Plan will not be offered to Medicare eligible retirees and their dependents.

COST

There is no payroll deduction for the basic Metropolitan Health Plan. There is a payroll deduction for the prescription drug rider, see page 31.

For additional information, please call MHP Member Services at 230-6334.

METROPOLITAN HEALTH PLAN

OUT-PATIENT CARE

PHYSICIANS' OFFICE VISITS
SURGERY—PHYSICIANS' OFFICE OR
HOSPITAL OUT-PATIENT
LABORATORY AND X-RAY SERVICES

Cost To You

*Covered in full
*Covered in full
*Covered in full
*Covered in full

HOSPITAL CARE

SEMI-PRIVATE ROOM AND BOARD
PHYSICIANS' AND SURGEONS' SERVICES
GENERAL NURSING CARE
DRUGS AND MEDICATION
DIAGNOSTIC SERVICES (LAB WORK, X-RAYS)
INTENSIVE AND CORONARY CARE UNITS
USE OF OPERATING AND RECOVERY ROOM
ANESTHESIA

*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full

EMERGENCY CARE

AMBULANCE SERVICE
IN DOCTORS' OFFICES
HOSPITAL EMERGENCY ROOM
URGENT CARE FACILITY

*Covered in full
*Covered in full
*Covered in full
*Covered in full

PREVENTIVE CARE

ROUTINE PHYSICAL CHECK-UP
ROUTINE PEDIATRIC (WELL-BABY) CARE
IMMUNIZATIONS
ROUTINE HEARING EXAMINATIONS
VISION CARE

*Covered in full
*Covered in full
*Covered in full
*Covered in full
*Covered in full

MENTAL HEALTH CARE

OUT-PATIENT DRUG ABUSE
 ALCOHOL ABUSE
 MENTAL HEALTH
IN-PATIENT DRUG ABUSE
 ALCOHOL ABUSE
 MENTAL HEALTH

Covered for 60 visits
Covered for 60 visits
*Covered 20 visits/calendar year
Covered 30 days—chemical detoxification
5 days per admission or per protocol
Covered 30 days—chemical detoxification
5 days per admission
*Covered 30 days/calendar year

MATERNITY CARE

IN PHYSICIANS' OFFICES
PRE-NATAL AND POST-NATAL VISITS
IN THE HOSPITAL
PHYSICIANS' SERVICES—MOTHER AND NEWBORN
NEWBORN NURSERY SERVICES
MOTHER'S HOSPITAL SERVICES

*Covered in full
*Covered in full
*Covered in full
*Covered in full

HOME HEALTH CARE

HOME CARE SERVICES
HOSPICE CARE

*Covered in full—Intermittent Nursing Service
Not Covered

SKILLED NURSING FACILITY

*Covered in lieu of hospitalization when
medically necessary

REHABILITATION

PHYSICAL
SPEECH

*Covered in full—short term
*Covered in full—short term

PHARMACY SERVICES

See optional rider

FULL-TIME STUDENTS

Covered to age 23

*When provided or authorized by a Metropolitan Health Plan physician.

COMPARISON OF BENEFITS FOR RETIREES AND THEIR DEPENDENTS COVERED BY MEDICARE

BENEFITS	GHI-CBP/Blue Cross	GHI Type C/Blue Cross	HIP/Medicare Supplemental Program*
MEDICARE PART B DEDUCTIBLE	Reimburses the \$75 if met by the following services: in-hospital medical care, out-patient surgery.	Reimburses the \$75 if met by any covered services: in-hospital medical care or out-of-hospital medical care.	No deductible.*
HOSPITALIZATION	Provided by Medicare and Blue Cross. First 60 days covered in full, next 180 days partially covered. Optional rider increases coverage to 365 days in full.	Provided by Medicare and Blue Cross. 60 days covered in full, next 180 days partially covered. Optional benefits increases coverage to 365 days in full.	Covered in full without limit in semi-private accommodations. Elective admissions must be arranged by a HIP/HMO physician. Emergency admissions are covered in full.
OFFICE VISITS	None.	Reimburses 20% of the amount approved by Medicare.	Covered in full at a HIP/HMO Medical Center or by an affiliated physician.
SURGERY (in or out of Hospital)	Reimburses 20% of the amount approved by Medicare.	Reimburses 20% of the amount approved by Medicare.	Covered in full when performed by a HIP/HMO physician.
ANESTHESIA	Reimburses 20% of the amount approved by Medicare.	Reimburses 20% of the amount approved by Medicare.	Covered in full when admitted by a HIP/HMO physician.
X-RAYS AND LABORATORY TESTS— OUT OF HOSPITAL	None.	Reimburses 20% of the amount approved by Medicare.	Covered in full for preventive care and diagnosis when ordered by a HIP/HMO physician.
SPECIALIST CONSULTATIONS OUT OF HOSPITAL	None.	Reimburses 20% of the amount approved by Medicare.	Covered in full when ordered by a HIP/HMO physician.
IN-HOSPITAL SPECIALIST CONSULTATIONS	Reimburses 20% of the amount approved by Medicare.	Reimburses 20% of the amount approved by Medicare.	Covered in full when ordered by a HIP/HMO physician.
IN-HOSPITAL MEDICAL CARE	Reimburses 20% of the amount approved by Medicare.	Reimburses 20% of the amount approved by Medicare.	Covered in full when admitted by a HIP/HMO physician.
IN-HOSPITAL PSYCHIATRIC CARE	Reimburses 20% of the amount approved by Medicare.	Reimburses 20% of the amount approved by Medicare.	None.
OUT-OF-HOSPITAL PSYCHIATRIC CARE	Reimburses 20% of the amount approved by Medicare. Up to \$250 per year (\$500 lifetime max.)	None.	One psychiatric assessment visit per year covered in full at a HIP/HMO mental health center.
RADIATION THERAPY	None.	Reimburses 20% of the amount approved by Medicare.	Covered in full when arranged by a HIP/HMO physician.
APPLIANCES	None.	Reimburses 20% of the amount approved by Medicare subject to \$25 family deductible per year. (\$2,500 annual max. per person, includes private-duty nursing and ambulance benefits).	Covered in full when obtained through the designated appliance vendors under contract with HIP/HMO.
AMBULANCE SERVICE	None.	Same as appliance coverage above.	Covered in full when ordered by a HIP/HMO physician.
PRIVATE-DUTY NURSING	Reimburses 80% after \$50 yearly Major Medical deductible. Subject to \$5,000 lifetime max., excluding first 72 hours covered under optional rider.	Reimburses 80% subject to same deductible and \$2,500 annual maximum per person as appliances coverage above.	(In-hospital only) Covered in full when prescribed by a HIP/HMO physician or in a covered emergency.
PRESCRIPTION DRUGS	Reimburses 80% after \$50 yearly Major Medical deductible is met. Subject to \$5,000 lifetime max.	Not covered. Coverage available under Optional Rider. 80% reimbursed after \$100 deductible is met up to \$2,500 per year.	Not covered. Full coverage available under optional drug rider.

* COVERAGE LEVELS INDICATED APPLY ONLY IF CARE IS PROVIDED OR AUTHORIZED BY A PARTICIPATING PHYSICIAN. IF A NON PARTICIPATING PHYSICIAN IS USED, ONLY MEDICARE BENEFITS APPLY; MEDICARE DEDUCTIBLES, COINSURANCE PAYMENTS, AND EXCLUSIONS ARE IN EFFECT.

COMPARISON OF BENEFITS FOR RETIREES AND THEIR DEPENDENTS COVERED BY MEDICARE

Med-Team*	Blue Cross HEALTHNET*	Maxicare*	US Healthcare**
No deductible.*	No deductible.*	No deductible.*	No deductible.**
Covered in full without limit in semi-private accommodations. Elective admissions must be arranged by a Med-Team physician. Emergency admissions are covered in full.	Covered in full without limit in semi-private accommodations. Elective admissions must be arranged by a HEALTHNET physician. Emergency admissions are covered in full.	Covered in full for 90 days per confinement in semi-private accommodations. Elective admissions must be authorized by a Maxicare physician. Emergency admissions are covered in full. Sixty Medicare lifetime reserve days are covered in full.	Covered in full in a semi-private or private room when medically necessary. Elective admissions must be referred by a US Healthcare primary physician. Emergency admissions are covered in full.
Covered in full when using a Med-Team physician.	Covered in full when using a HEALTHNET primary care physician with a \$5 co-payment per visit.	Covered in full when using a Maxicare physician.	Covered in full with a \$2 co-payment to a US Healthcare primary care physician.
Covered in full when performed by a Med-Team physician.	Covered in full when performed by a HEALTHNET physician.	Covered in full when performed by a Maxicare physician.	Covered in full when using the US Healthcare system.
Covered in full when admitted by a Med-Team physician.	Covered in full when admitted by a HEALTHNET physician.	Covered in full when authorized by a Maxicare physician.	Covered in full when using the US Healthcare system.
Covered in full for diagnosis when ordered by a Med-Team physician.	Covered in full for diagnosis when authorized by a HEALTHNET physician.	Covered in full when ordered by a Maxicare physician.	Covered in full when using the US Healthcare system.
Covered in full when referred to a Med-Team specialist.	Covered in full when authorized by a HEALTHNET primary care physician.	Covered in full with Maxicare physician referral.	Covered in full with US Healthcare primary physician referral.
Covered in full when authorized by a Med-Team physician.	Covered in full when authorized by a HEALTHNET primary care physician.	Covered in full with Maxicare physician approval.	Covered in full when using the US Healthcare system.
Covered in full when admitted by a Med-Team physician.	Covered in full when admitted by a HEALTHNET physician.	Covered in full for 90 days per confinement when admitted by a Maxicare physician.	Covered in full when using the US Healthcare system.
Covered when admitted by a Med-Team physician.	Covered up to 30 days when admitted by a HEALTHNET physician.	Covered in full for 190-day lifetime maximum when admitted by a Maxicare physician.	Covered in full for 190 days lifetime maximum when using the US Healthcare system.
Not covered.	Covered in full up to 20 visits per year with a \$25 co-payment when authorized by a HEALTHNET physician.	When a Maxicare provider is used a co-payment of \$20 is required for the last 19 of the 20 allowable visits.	Covered for 20 visits, first 2 covered in full, next 18 with a variable co-payment of \$10-25.
Covered in full when ordered by a Med-Team physician.	Covered in full when authorized by a HEALTHNET physician.	Covered in full when authorized by a Maxicare physician.	Covered in full when using the US Healthcare system.
Covered in full when authorized by a Med-Team physician.	Covered in full when authorized by a HEALTHNET primary care physician.	Covered in full when ordered and authorized by a Maxicare physician.	Covered in full when medically necessary, and coordinated through US Healthcare Homecare.
Reimbursement based on mileage.	Covered when authorized by a HEALTHNET physician.	Covered in full when authorized by Maxicare.	Covered in full when medically necessary.
Covered in full after the first 72 hours when authorized by a Med-Team physician.	Covered in full when authorized by a HEALTHNET primary care physician.	Covered in full when medically necessary and authorized by Maxicare.	Covered in full when medically necessary and obtained through US Healthcare.
Available through DC-37 Health and Security Plan.	Full coverage is available under the optional rider.	In-hospital drugs covered in full; out-patient drugs not covered.	In-hospital drugs covered in full; out-patient drugs not covered.

*COVERAGE LEVELS INDICATED APPLY ONLY IF CARE IS PROVIDED OR AUTHORIZED BY A PARTICIPATING PHYSICIAN. IF A NON-PARTICIPATING PHYSICIAN IS USED, ONLY MEDICARE BENEFITS APPLY; MEDICARE DEDUCTIBLES, COINSURANCE PAYMENTS, AND EXCLUSIONS ARE IN EFFECT.

**ALL MEDICAL CARE MUST BE COORDINATED THROUGH YOUR US HEALTHCARE PRIMARY CARE PHYSICIAN AND THE US HEALTHCARE DELIVERY SYSTEM. MEDICAL CARE RECEIVED OUTSIDE OF THE US HEALTHCARE SYSTEM IS NOT COVERED, EXCEPT IN AN EMERGENCY OR URGENT SITUATION. US HEALTHCARE IS YOUR EXCLUSIVE PROVIDER FOR MEDICARE BENEFITS.

OPTIONAL BENEFITS RIDERS

GHI-CBP/BLUE CROSS, GHI TYPE C/BLUE CROSS, HIP/HMO, AND MED-PLAN OPTIONAL BENEFITS RIDERS

The Optional Benefits Rider for each of these plans is described below along with the costs associated with the rider. The cost of the rider is deducted from your payroll or pension check.

You may select the rider that is applicable for your basic coverage (for example, if you have selected HIP/HMO, you are eligible for the HIP/HMO Optional Rider only).

Your union welfare fund may be providing benefits similar to some (or all) of those contained in the riders. Each rider is a package. You may not select individual benefits in the rider.

If your welfare fund provides benefits similar to those listed in the rider you have selected, those specific benefits will be provided only by your welfare fund and will not be available through the health plan rider. In those cases payroll and pension deductions will be adjusted accordingly.

Please note: Med-Team is not included here because it does not offer an optional rider.

GHI-CBP/OPTIONAL RIDER— (WITH BLUE CROSS)	COSTS								
	Monthly		Monthly	Bi-Weekly		Semi-Monthly		Weekly	
	Individual	Family	Medicare Eligible Retirees (per person)	Individual	Family	Individual	Family	Individual	Family
Prescription Drugs—80% of reasonable and customary charges (subject to separate annual \$100 deductible, \$300 per family)	\$ 2.51	\$ 4.60	Covered on Basic Plan	\$ 1.16	\$ 2.12	\$ 1.26	\$ 2.30	\$.58	\$ 1.06
365-Day Blue Cross Hospitalization	\$ 3.65	\$ 8.52	\$ 2.51	\$ 1.69	\$ 3.95	\$ 1.82	\$ 4.26	\$.85	\$ 1.98
\$250 Maximum Co-payment. After Major Medical deductible has been met, CBP pays 80% of scheduled allowance(1980 profile). Once a member's 20% co-payment reaches \$250, plan pays 100% of scheduled allowance. This benefit thus reduces the \$2,000 co-payment requirement to a \$250 co-payment requirement.	\$.43	\$.92	Not Available	\$.20	\$.42	\$.21	\$.46	\$.10	\$.21
Alcoholism Treatment and Out-patient Psychiatric Care. Alcoholism: Full Blue Cross coverage for 5 additional days in-patient detoxification and up to 30 days rehabilitation per calendar year in an approved in-patient treatment facility. Psychiatric: 50% of submitted charge up to maximum payment of \$30 per visit; \$700 annual maximum; \$2,500 lifetime maximum.	\$.22	\$.47	Not Available	\$.10	\$.22	\$.11	\$.24	\$.05	\$.11
	\$ 4.79	\$ 7.36		\$ 2.20	\$ 3.39	\$ 2.40	\$ 3.68	\$ 1.10	\$ 1.69
Blue Cross coverage for unmarried full-time dependent students to age 23.	—	\$ 2.47	Not Available	—	\$ 1.16	—	\$ 1.23	—	\$.58
Newborn well-baby care (out-of-hospital maximum 5 visits before age 1).	—	\$.17	Not Available	—	\$.08	—	\$.09	—	\$.04
TOTAL:	\$11.60	\$24.51	\$ 2.51	\$ 5.35	\$11.34	\$ 5.80	\$12.26	\$ 2.68	\$ 5.67

HIP/HMO OPTIONAL RIDER—			COSTS									
Rates Effective October 1, 1986			Monthly		Monthly		Bi-Weekly		Semi-Monthly		Weekly	
Prescription Drugs Provided at no cost at over 1,700 HIP/HMO participating pharmacies when prescribed by a HIP/HMO physician or any physician in covered emergencies.			Medicare Eligible Retirees (per person)									
	Individual	Family			Individual	Family	Individual	Family	Individual	Family	Individual	Family
	\$ 6.00	\$16.20		\$10.12		\$ 2.76 \$ 7.46		\$ 3.00 \$ 8.10		\$ 1.38 \$ 3.73		
Appliances and Private Duty Nursing Appliances provided at no cost through designated appliance dealers and Private Duty Nursing (in-hospital only) covered in full when prescribed by a HIP/HMO physician or any physician in covered emergencies.	\$.24	\$.65		Covered Under Basic Plan		\$.11 \$.30		\$.12 \$.33		\$.06 \$.15		
TOTAL:	\$ 6.24	\$16.85		\$10.12		\$ 2.87 \$ 7.76		\$ 3.12 \$ 8.43		\$ 1.44 \$ 3.88		

MED-PLAN OPTIONAL RIDER— Rates effective October 1, 1986 (Plan not available to Medicare eligible retirees)			COSTS					
			Monthly	Bi-Weekly	Semi-Monthly	Weekly		
	Individual	Family	Individual	Family	Individual	Family	Individual	Family
Prescription Drugs filled at no charge when prescribed by a Med-Plan physician and dispensed through either the Bellevue Hospital Center Pharmacy or one of several designated pharmacies in the Med-Plan vicinity.	\$ 6.00	\$16.20	\$ 2.76	\$ 7.46	\$ 3.00	\$ 8.10	\$ 1.38	\$ 3.73
Private Duty Nursing on an in-patient basis when ordered by a Med-Plan physician. Full reimbursement for covered appliances and prosthetics as prescribed by a Med-Plan physician.	\$.24	\$.65	\$.11	\$.30	\$.12	\$.33	\$.06	\$.15
TOTAL:	\$ 6.24	\$16.85	\$ 2.87	\$ 7.76	\$ 3.12	\$ 8.43	\$ 1.44	\$ 3.88

GHI TYPE C OPTIONAL RIDER— (WITH BLUE CROSS) (Rates are also applicable to Medicare eligible retirees)			COSTS					
			Monthly	Bi-Weekly	Semi-Monthly	Weekly		
	Individual	Family	Individual	Family	Individual	Family	Individual	Family
Prescription Drugs—80% of reasonable and customary charges after \$100 deductible, \$300 per family, \$2,500 annual maximum.	\$11.31	\$22.15	\$ 5.21	\$10.20	\$ 5.66	\$11.08	\$ 2.60	\$ 5.10
365 Day Blue Cross Hospitalization	\$ 3.65	\$ 8.52	\$ 1.69	\$ 3.95	\$ 1.82	\$ 4.26	\$.85	\$ 1.98
TOTAL:	\$14.96	\$30.67	\$ 6.90	\$14.15	\$ 7.48	\$15.34	\$ 3.45	\$ 7.08

Example of Calculation of Payroll Deduction:

Ms. Manhey selects GHI-CBP with the GHI-CBP optional rider (family coverage) and her welfare fund provides a prescription drug plan and 365 days of hospitalization. Her optional rider will consist of all the optional rider benefits minus the drug and 365-day hospital coverage. (She will obtain drug and additional hospital benefits through her fund). Her payroll deduction for the rider will be decreased by the cost of drug coverage and the cost of additional hospital days.

GHI-CBP Optional Rider Cost

Bi-weekly	Family
TOTAL COST:	\$ 11.34
Prescription drugs	\$—2.12
365 day hospital	\$—3.95
Her cost:	\$ 5.27

Therefore, her bi-weekly payroll deduction will be \$5.27.

BASIC PLAN AND OPTIONAL RIDER COSTS:

BLUE CROSS HEALTHNET, HIP CHOICE, MAXICARE, METROPOLITAN HEALTH PLAN, MID-HUDSON HEALTH PLAN AND US HEALTHCARE

Five of the six health plan options (all but Metropolitan Health Plan) being offered for the first time this year have payroll or pension check deductions for part of the cost of the basic plan. These costs are shown in the charts below.

The Optional Benefit Rider for each of these plans consists of a Prescription Drug Plan. Each rider is described below along with the cost associated with the rider. If there is cost for the basic coverage on your plan and you choose the Optional Benefit Rider, your payroll or pension deduction will reflect the sum of the two costs.

If your union welfare fund provides prescription drug benefits, *do not choose* the optional benefit rider on Blue Cross HEALTHNET, HIP CHOICE, Maxicare, Metropolitan Health Plan, Mid-Hudson Health Plan or US Healthcare. Payroll or pension deductions will *not* be adjusted automatically to account for union welfare fund benefits.

BLUE CROSS HEALTHNET									
	Monthly		Monthly	Bi-Weekly		Semi-Monthly		Weekly	
	Individual	Family	Medicare Eligible Retirees (Per Person)	Individual	Family	Individual	Family	Individual	Family
Basic Plan	\$17.39	\$35.65	\$22.27	\$ 8.00	\$16.41	\$ 8.70	\$17.83	\$ 4.00	\$ 8.21
Optional Rider: Prescription Drug Plan: \$5 co-pay per prescription or refill.	\$ 6.20	\$13.50	\$18.50	\$ 2.85	\$ 6.21	\$ 3.10	\$ 6.75	\$ 1.42	\$ 3.11
TOTAL:	\$23.59	\$49.15	\$40.77	\$10.85	\$22.62	\$11.80	\$24.58	\$ 5.42	\$11.32

HIP CHOICE									
	Monthly		Monthly	Bi-Weekly		Semi-Monthly		Weekly	
	Individual	Family	Medicare Eligible Retirees (Per Person)	Individual	Family	Individual	Family	Individual	Family
Basic Plan	\$ 5.99	\$16.16	No additional cost	\$ 2.76	\$ 7.44	\$ 3.00	\$ 8.08	\$ 1.38	\$ 3.72
Optional Rider: Prescription Drug Plan: Provided at no cost at over 1700 HIP/HMO participating pharmacies when prescribed by a HIP/HMO physician or any physician in covered emergencies. \$3 co-payment for drugs not prescribed by an HIP physician.	\$ 5.78	\$15.61	\$16.30	\$ 2.66	\$ 7.18	\$ 2.89	\$ 7.81	\$ 1.33	\$ 3.59
TOTAL:	\$11.77	\$31.77	\$16.30	\$ 5.42	\$14.62	\$ 5.89	\$15.89	\$ 2.71	\$ 7.31

MAXICARE									
	Monthly		Monthly	Bi-Weekly		Semi-Monthly		Weekly	
	Individual	Family	Medicare Eligible Retirees (Per Person)	Individual	Family	Individual	Family	Individual	Family
Basic Plan	\$15.87	46.08	No additional cost	\$ 7.30	\$21.21	\$ 7.94	\$23.04	\$ 3.65	\$10.60
Optional Rider: Prescription Drug Plan: \$2 co-pay per prescription or refill.	\$ 5.70	\$15.51	Rider is not available to Medicare eligibles.	\$ 2.63	\$ 7.14	\$ 2.85	\$ 7.76	\$ 1.31	\$ 3.57
TOTAL:	\$21.57	\$61.59	No additional cost	\$ 9.93	\$28.35	\$10.79	\$30.80	\$ 4.96	\$14.17

METROPOLITAN HEALTH PLAN (Plan not available to Medicare Eligible Retirees)				COSTS							
				Monthly		Bi-Weekly		Semi-Monthly		Weekly	
				Individual	Family	Individual	Family	Individual	Family	Individual	Family
				No additional cost		No additional cost		No additional cost		No additional cost	
Basic Plan				No additional cost		No additional cost		No additional cost		No additional cost	
Optional Rider: Prescription Drug Plan: Prescriptions paid-in-full when prescribed by an MHP physician and filled at the Metropolitan Hospital Pharmacy.				\$ 6.03	\$16.28	\$ 2.78	\$ 7.49	\$ 3.02	\$ 8.14	\$ 1.39	\$ 3.75
TOTAL:				\$ 6.03	\$ 16.28	\$ 2.78	\$ 7.49	\$3.02	\$ 8.14	\$ 1.39	\$ 3.75

MID-HUDSON HEALTH PLAN (Plan not available to Medicare eligible retirees)				COSTS				
Monthly		Bi-Weekly		Semi-Monthly		Weekly		
Basic Plan	Individual	Family	Individual	Family	Individual	Family	Individual	Family
	\$ 6.74	\$11.79	\$ 3.10	\$ 5.43	\$ 3.37	\$ 5.90	\$ 1.55	\$ 2.71
Optional Rider: Prescription Drug Plan: \$3 co-payment per prescription.	\$ 6.03	\$15.68	\$ 2.78	\$ 7.21	\$ 3.02	\$ 7.84	\$ 1.39	\$ 3.61
TOTAL:	\$12.77	\$27.47	\$ 5.88	\$12.64	\$ 6.39	\$13.74	\$ 2.94	\$ 6.32

US HEALTHCARE				COSTS										
				Monthly		Monthly		Bi-Weekly		Semi-Monthly		Weekly		
				Individual	Family	Medicare Eligible Retirees (Per Person)	Individual	Family	Individual	Family	Individual	Family	Individual	Family
Basic Plan				\$ 8.04	\$22.55	No additional cost	\$ 3.70	\$10.38	\$ 4.02	\$11.28	\$ 1.85	\$ 5.19		
Optional Rider: Prescription Drug Plan: \$2.50 co-pay per prescription at a participating pharmacy.				\$ 6.70	\$16.70	Rider is not available to Medicare eligibles	\$ 3.08	\$ 7.69	\$ 3.35	\$ 8.35	\$ 1.54	\$ 3.84		
TOTAL:				\$14.74	\$39.25	No additional cost	\$ 6.78	\$18.07	\$ 7.37	\$19.63	\$ 3.39	\$ 9.03		

PLACE
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The City of New York
Employee Benefits Program
110 Church Street, 12th Fl.
New York, N.Y. 10007

This Card for Retirees Only. Active Employees Can Obtain Forms from their Agency Personnel or Payroll Office.

**SPECIAL INSTRUCTIONS FOR RETIREES WHO
WISH TO MAKE A CHANGE DURING THE TRANSFER PERIOD.**

Retirees who receive City pension checks who wish to change their choice of health plan may request a Membership Application (Form P2) for this purpose by returning the postcard above with their name and address to the Employee Benefits Program. All requests for forms received before October 24, 1986 will be honored and the transfers processed when the completed form is received by the Employee Benefits Program.

Retirees of cultural institutions, libraries, or the Fashion Institute of Technology, and retirees who receive TIAA/CREF pensions who wish to transfer should contact their former employer for a Health Insurance Authorization Form (EB 1800). *Do not send in the postcard above.*

Please print your name and address clearly. The postcard will be used as a mailing label to return the Application Form to you.

I WANT TO CHANGE FROM MY PRESENT CITY HEALTH INSURANCE COVERAGE TO A DIFFERENT PLAN (OR ADD OPTIONAL RIDER COVERAGE) EFFECTIVE JANUARY 1, 1987.

PLEASE SEND ME THE REQUIRED APPLICATION FORM.

(NOTE: DO NOT RETURN THIS CARD UNLESS YOU WISH TO MAKE A CHANGE)

Please PRINT your name, address and pension number neatly in the space below.

Retiree Pension
Number _____



This Card for Retirees Only. Active Employees Can Obtain Forms from their Agency Personnel or Payroll Office.

**The City of New York
Employee Benefits Program
110 Church Street, 12th Fl.
New York, N.Y. 10007**